







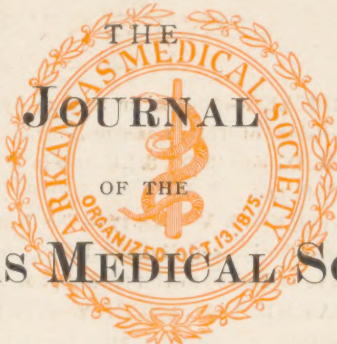




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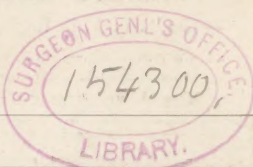


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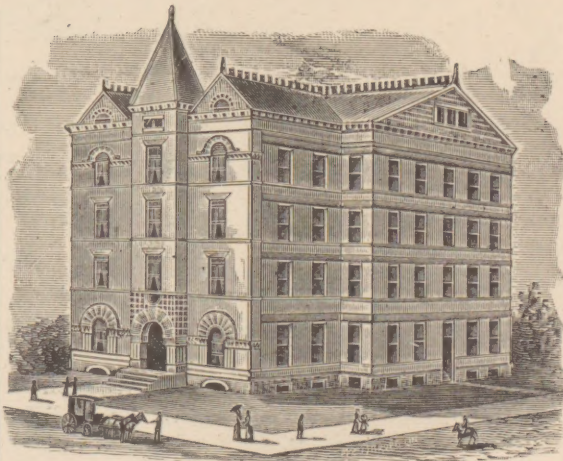
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THE  
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VOL. IV.

JULY 15, 1893.

NUMBER I.

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Original Articles.

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Address on Surgery.

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BY A. J. VANCE, M. D., CHAIRMAN, HARRISON.

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[Read in the Section on Surgery at the Eighteenth Annual Session of the Arkansas Medical Society held at Batesville, May 31 to June 2, 1893.]

*Gentlemen of Section on Surgery:*

There has been much done in the line of surgery during the past year, as you are all aware, and it will be impossible in a short address to do more than notice a few of the many advances since our last meeting. In doing so I cannot expect to report anything except what most of you have already seen, but it is the frequent reading, hearing and discussing these things that make familiar with them.

The first thing in a surgical procedure is cleanliness, and I might add, the last as well. Antisepsis and asepsis have done more probably to lower the mortality in surgical operations, than anything else. The peritoneal cavity, called the sacred cavity, instead of being regarded as certainly fatal to the patient to enter it, is now opened with impunity, with proper antiseptic precautions, and is of almost daily occurrence in our large hospitals; also in brain surgery the mortality has been

reduced to a remarkably low rate. Bichloride of mercury still holds its place as the best antiseptic. Iodoform is no longer considered an antiseptic; on the contrary, it is thought to convey germs and thereby infect wounds unless sterilized by washing in a weak sublimate solution before using. It is useful as a deodorizer, some claim, as it has the property of destroying the ptomaines, and hence the iodoform gauze is largely used. Acetic acid has been proposed as an admirable antiseptic. Dr. Wyeth, in commenting on it, says it would be wonderful, if, after years of study, the profession should find vinegar to be the best antiseptic.

The next thing to command our attention would be anæsthetics. Ether has been the anæsthetic most generally employed, and has been regarded by the profession generally as being almost absolutely safe. It has been recommended to give it in combination with nitrous oxide gas. It is claimed that it prevents all struggling and inconvenience to the patient, due to the disagreeable odor of the ether, and saves time by more readily anæsthetizing the patient. The nitrous oxide gas renders the patient unconscious, then it is mixed with ether, a few inhalations are allowed, and the ether is given alone throughout the operation.

The bad effects of ether was manifested recently in the case of Col. Elliot F. Shephard, of New York. His surgeon had ether administered to him preparatory to making an examination for stone in the bladder. The patient had taken but few inhalations when alarming symptoms developed. The ether was discontinued and efforts made to resuscitate him, but he died in a few hours.

Another case is reported, showing the bad effects of ether.

The late Prof. Sands was visiting in Europe, and called on Prof. Schrader, of Hamburg. Schrader had always used chloroform because he was afraid of ether. Sands proposed to show him how to use ether. A patient was brought in and put under ether, but died before the operation was commenced. This was told by Sands himself on his return to America.

The results in these two cases should cause us to give a



guarded prognosis, or at least not to promise too much, in cases where an anæsthetic is to be used, for in this country the opinion almost universally prevails that ether is the least dangerous of all anæsthetics.

In Mt. Sinai Hospital, New York, the preference is given to chloroform, as shown by the following statement of anæsthetics in operations, in the last annual report :

Chloroform .....	506
Chloroform for two operations (one anæsthesia) .....	36
Chloroform for three operations (one anæsthesia) .....	3
Ether .....	384
Ether for two operations (one anæsthesia) .....	18
Ether for three operations (one anæsthesia) .....	1
Chloroform and ether .....	70
Nitrous oxide .....	11
Cocaine .....	73
Cocaine and chloroform .....	1
Cocaine and ether spray .....	1
Ether spray .....	6
Ethyl chloride .....	1
Operations with no anæsthetic .....	96

Anæsthesia in wards for fractures, dislocations, painful dressing, etc., about as follows :

Chloroform .....	25
Ether .....	3
Nitrous oxide .....	14
Ether spray .....	17
Operations performed .....	1266

Cocaine has come to stay and is still used largely as a local anæsthetic. In the eye surgery especially it fills a long felt want, but it is not without its deleterious effects. A case has recently been reported of death in Bellevue Hospital due to cocaine injection.

Dr. Kaller, who discovered cocaine, instead of being wildly enthusiastic, as might be expected, is probably more cautious and more apprehensive of bad results than any one else. The

combined effect of cocaine injection, with inhalations of an anæsthetic, is said to be more dangerous than ether administered alone.

Nitrous oxide gas has been recommended as an excellent anæsthetic for short operations, and produces anæsthesia lasting from twenty to thirty seconds. It is given with or without air. Signs of struggling or excitement indicate less air to be given. It is claimed that nitrous oxide is safe for inhalation by any person, and free from bad effects, and yet laryngeal spasm and respiratory failure are reported as having occurred.

There has been almost a surgical revolution in regard to the treatment of appendicitis in the last few years, and I hope the section will pardon me if I devote the remainder of this paper to this subject.

Bryant, in 1886, and Morton and Sands, in 1887, each deliberately cut down and removed an ulcerated appendix, and thus established a new era in our knowledge of this form of inflammation and its treatment, aided by Fitz' report to the Association of American physicians, in 1886, of the result of his investigations into the pathology of the vermiform appendix.

There has been some gain in mortality figures during the past year, due to several factors. One is early operations. We recognize now that we cannot safely decide by severity of symptoms whether or not to cut. The case may seem to be a mild one, and yet the surgeon sometimes allows the golden moment to pass, while he sits idly by, Macawber like, expecting something to turn up. For this reason the surgeon's skill and ingenuity will be taxed to the utmost in order to determine when to operate.

Fitz, to whom so much credit is due for his researches upon appendicitis, says: "That nearly half the cases of appendicitis get well without surgical treatment."

One surgeon has recently advocated an operation in every case as soon as the diagnosis has been made.

Dr. Nicholas Senn, in a paper recently, advises that all cases of catarrhal and ulcerative appendicitis be treated surgically



as soon as the lesion can be recognized, and that excision before perforation has occurred is both a curative and prophylactic measure.

Wyeth has recently said that he believes that if 1000 cases—good and bad, as they appear—be treated surgically, and 1000 more of the same class of case be treated medically, the mortality would be double by the latter plan what it would be by the former.

Baruch has recently advocated operating only when cold hands and feet and disproportionately rapid pulse and respiration, as compared with the temperature, indicate imminent danger, but others think such temporizing dangerous to the patient. If we wait for signs of shock indicating that pus has already ruptured into the peritoneal cavity, we are often too late.

Again there is gain now over a year ago in recognizing the fact that the best way to treat the stump is just as any other hole into the larger intestine of the same caliber is treated. The appendix is cut off flush and then a few Lembert or Gély square stitches invert the peritoneal coat at that point. The peritoneum to be apposed is first scraped lightly to aid rapid agglutination of the sewn surfaces. By the older plan (still much used) of simply tying off the appendix, cutting away distally to the ligature and then trying to disinfect the stump, there is the fallacy of trying to unite mucous membrane to mucous membrane, and occasionally a fistula forms leading into the cæcum. As to position, Trendelenburg's is the one most commonly adopted, but preferably is one advocated by Dawbarn a year ago at the New York Surgical Society—and that is, to turn the patient so that his left side rests on the table and when the abdomen is opened the cut edges of the abdominal wall is seized with retractors and dragged forward (away from the spine). That makes a cavity into which the small intestines will fall out of the way of the operator and away from the cæcum and appendix, as the cæcum having a short mesentery cannot follow the small intestines, but stays up opposite the incision, just where it is wanted. In Tren-

delenburg's position the liver prevents the small intestines from falling so thoroughly out of the way—as in Dawbarn's position—and the plan of lying flat on the table (the ordinary posture), leaves the small intestines in the way, covering the appendix and cæcum, and in that position of the body the intestines are difficult to get out of the way.

For these reasons, therefore, the position is of prime importance. The terms typhilitis, perityphilitis and paratyphilitis are no longer used, as in nearly if not all of the cases so-called, it is the appendix which is at fault.

No one advocates using an aspirating needle. If it happens to pass through sound peritoneum before going into a pus sac (which is quite likely) the withdrawn needle would be apt to infect it. But instead of the needle an exploring incision is recommended big enough to see what is causing the lump. It is also safer for the patient than waiting to see what will turn up or (what is the same thing), poulticing. The poultice does not scare the microbes of suppuration in the swelling, nor does it prevent a slough in the wall of the appendix from dropping out, allowing exit to fœcus. The degree of fever is of no importance; cases have gone on to suppuration, perforation, peritonitis and death, all with a subnormal temperature.

I desire to express my thanks to Prof. Dawbarn for valuable information on this subject.

Prof. McBurney sends me the following, which I will present *verbatim*:

“In regard to appendicitis, I will suggest to you one item which helps to mark the progress made in the diagnosis of this disease. You know how much has been written, and how many cases have been narrated to illustrate the disease called typhilitis and perityphilitis, and that many of these cases of inflammatory condition in the right illiac fossa, have been and still are attributed to the presence of impacted fæces in the caput coli. Obstinate as this view has been supported, no demonstration of its truth has ever been made. It never will be. The number of cases of appendicitis upon which I have operated is now more than one hundred. In most of these



cases the caput coli is held between the fingers and carefully examined. In not one single case have I ever found a lump of fæces, or even a thickened interstitial wall, excepting where a thickened periosteal coat has resulted from a peritonitis. I think this observation is a strong argument that the symptoms which many of us regard as always indicating appendicitis are rarely, if ever, due to impacted fæces in the caput coli."

Other improvements have been made in surgery of the intestines during the year, the most unique of which is Dr. J. B. Murphy's operation for chole-cystenterostomy with what he calls his anastomosis button. The mortality has been reduced so far from a high rate to zero. Dr. Murphy so far has done seven operations with seven recoveries. The button sloughs away and is discharged from the bowels about seven days after the operation. The rapid agglutination of serous surfaces, when apposed with the certainty with which the button holds the membranes so uniformly in contact under the operation, is much safer than the old method. Murphy has performed on dogs, gastro-enterostomy and end-to-end approximation of intestines. In some cases when dog was killed the button would be in situ, in some there was contraction at seat of union, and in others no contraction. The difficulty in these latter cases would be to get a button to assure a caliber sufficiently large, without being too large to pass by the bowels.

Symphysiotomy, a very old operation performed a few times more than a century ago and condemned on account of the high rate of mortality, has been revived and successfully performed. It was first performed by Sigault successfully, and other French surgeons performed it, but not meeting with the success anticipated, the operation was abandoned.

A few months since the attention of several Parisian obstetricians was called to the high degree of success Prof. Morisani, of Naples, had had with this operation in cases of rickety or dwarfish pelvis, and the operation has been performed with antiseptic precautions quite recently in the United States quite successfully to mother and child, and in some cases in tenement houses, under difficulties.

## **Report of Three Cases of Abdominal Section With Recoveries.**

BY J. D. SOUTHARD, M. D., FORT SMITH.

[Read by title in the Section on Surgery at the Eighteenth Annual Session of the Arkansas Medical Society, held at Batesville, May 31 to June 2, 1893.]

MR. CHAIRMAN—I hold that the outcry, heard in many quarters during the last twelve months, against “too much abdominal surgery,” is not applicable to the surgeons of our State. I do not say like some have said, that the outcry comes from those who “do not operate because they are afraid or do not know how;” on the contrary, I believe the protest timely; that in certain quarters, and among a certain class of men, the evil, bad as it seems, really does exist and needs correction. But in our own State I believe there are very few physicians who would advise, and equally as few surgeons who would undertake abdominal section, unless the necessity for it was very urgent and the indications unmistakably plain; and even if this were not true, there is here another very potent check, namely, the unwillingness of the patient and friends to submit to such an operation except as a last resort, for when brought face to face with death or an operation, they often calmly choose the former. I believe that instead of doing too many operations we leave too many undone.

I wish here to report three cases occurring in my practice recently, as illustrative of that class of cases to which I have referred, wherein the indications for abdominal section were not only unmistakably clear, but in which had I refused or neglected to operate I should have been guilty of a plain neglect of duty, and in a great measure responsible for the deaths which without it certainly would have followed soon. I know it is no longer a popular distinction to have performed either a great or small number of laparotomies, but at the same time there can be no consolation to any man in the thought of having allowed his patient to die or enter upon a life of confirmed



invalidism, who by proper surgical treatment could and should have been saved, even though laparotomy should have been required. The object in doing such operations should not be simply to make a record, but to save and cure the patient. It is the record maker who is responsible for the abuse of a procedure which is and must ever be the only hope for life and health of a very large class of afflicted people.

In each of the following cases these questions presented themselves and were very thoughtfully and conscientiously considered. First. Is an operation the only thing that can be done that will give relief? Second. Will my patient die without it? Third. Is there anyway in which I can escape a very heavy responsibility? I sought the counsel of good physicians to help me answer the first two questions, and the answer to the third was plain, for the responsibility was already upon me. Such cases often present symptoms which when seen or felt convey to the mind of the clinician, facts and impressions very different to those imparted by even the best possible description, and which make clear to the one indications which may not be appreciable to the other; but in each of these cases there was perfect unity of opinion among the several physicians who saw and examined them, as to the indications for surgical treatment.

CASE I. Appendicitic abscess was that of J. D. F., aged 20, whom I found suffering with an acute pain in the region of the appendix. He gave a history of trouble at this point beginning three weeks before I saw him and growing gradually worse until I was called. Upon examination I discovered a mass in the painful region with marked tenderness and increased pain on slight pressure. His temperature was  $103\frac{1}{2}$  F., pulse 120. He had no appetite for several days, and had vomited everything swallowed during the previous twenty-four hours. I diagnosed appendicitis, and told him an operation might have to be done if we failed to relieve him otherwise. I gave a mercurial cathartic, which acted freely, but pain, fever and vomiting continued. I then resorted to morphine hypodermically. This afforded some temporary relief from pain

and vomiting, but both soon returned. On the evening of the third day I advised an operation, to which he readily consented, and was accordingly sent to St. John's Hospital, where on the following day he was seen by Drs. Breedlove, Saunders and Gardner, who agreed with me as to the diagnosis and also as to the indications for an operation. On the next day there was very little change in his condition, save that all his symptoms appeared somewhat aggravated. So, with the assistance of the above named gentlemen, together with Drs. Wright and R. M. Southard, the abdomen was opened and the abscess found, containing about a pint of very foul-smelling pus, which was allowed to escape. A search was then made for the appendix, but I was unable to find it without breaking apart the adhesions around the abscess wall, which would greatly have increased the danger of peritonitis, by allowing the contents of the pus cavity (which in such cases cannot be at once thoroughly sterilized), to escape into the general cavity. The abscess cavity was then washed out, the pyogenic membrane lining it was broken down as thoroughly as possible, all pockets being explored, freely opened and drained. It was then packed with gauze and the incision closed to within an inch of its upper end, where the gauze was left for drainage. When put to bed the patient's temperature had fallen to 99 degrees F., and there was no subsequent rise. Patient recovered with no further trouble, leaving the hospital in two weeks.

The second case was that of Mrs. Florence H., in which it was found necessary to remove the left ovary and tube. She was taken in the night of April 17, 1893, with a very violent, excruciating pain in the lower right abdominal region. I saw her ten hours later; her suffering was intense. She had been vomiting; her temperature was 100 F., pulse 110. The abdomen was extremely tender on slight pressure; her right leg was flexed, and she held the bed clothes off her abdomen. The tenderness seemed most marked at McBurney's point, but pain on pressure was so great that I could not examine her satisfactorily. I had to give morphine hypodermically, and



though not addicted to the use of any narcotic a full grain was required to bring even temporary relief. The pain and vomiting returned in about three hours, the temperature rising to 102; pulse, 120. A saline purgative was now given, which acted freely and brought a few minutes relief. I was convinced that I had to deal with a violent inflammatory trouble, and as the tenderness on pressure was continually most acute over the region of the appendix, I believed it to be the seat of trouble. On Wednesday, the 19th, Dr. J. W. Breedlove saw the case with me, and, while not expressing a positive opinion, was inclined to agree with me as to the diagnosis. As the symptoms were in no wise abated, I told her it would probably require an operation to relieve her, but she objected. The fever, pulse, vomiting and pain, all grew worse; the tenderness continued to spread over the abdomen. On Friday she proposed the operation herself. She was then sent to the hospital, and Drs. T. J. Wright, George F. Hynes and D. M. Gardner added to the consultation. A diagnosis was not agreed upon, but all agreed as to the propriety of making an exploratory incision, and the point selected was immediately over the normal seat of the appendix. The patient being prepared was placed in Trendlenburg's position, and the incision made along the outer border of the right rectus muscle, three and a half inches long. The appendix was soon found inbedded in fat and cellular tissue, but was not diseased. Further exploration convinced me that the main trouble was below the appendix and that my incision was entirely too high. The small intestines were found matted together by adhesions, and fixed in the pelvis and to the abdominal walls. The incision was extended two inches downward, the adhesion broken up until finally the right ovary and tube were brought into view, when all doubts as to the origin of the inflammation were set at rest. The tube, which was highly inflamed, presented a dark appearance as though strangulated, and near its free end was what looked like a false membrane extending half way around the tube, firmly attached to it and composed of dead tissue, probably resulting from the adhesive inflammation. The ovary presented

a calcareous appearance and was hard to the touch. It was deemed proper, therefore, to remove them, which was done. Upon section, the ovary was found to be in a state of cystic degeneration. The tube was filled towards its distal extremity with a cheesy material and with pus. Though a confirmed dyspeptic, the patient made a good and uneventful recovery, leaving the hospital in twenty-four days.

#### INGUINAL COLOTOMY FOR OBSTRUCTION.

CASE 3. This case is of interest as illustrating the benefits to be derived from this last resource, after every other has been tried and failed. Mrs. H., married, aged 30. Has been suffering for years with a fibroid growth, which now seems to surround the uterus and fill the true pelvis. For eighteen months or more she has suffered with stricture of the rectum, high up. And as the pelvic growth became larger the stricture grew smaller, until finally symptoms of obstruction set in. There was no chance to dilate the stricture because the fibroid growth in front and the sacrum posteriorly formed a complete firm wall around the gut at the strictured portion. After satisfying myself that no local treatment could avail anything I proposed an operation, which was refused. A little temporary relief was afforded by the use of injection of warm water through a soft rubber catheter passed up through the stricture, but finally the stricture grew so small that the catheter could be passed only with much difficulty, and hence we had a case of almost complete obstruction. She had little or no appetite, but every mouthful of food taken was vomited up. In this condition, with a temperature ranging from 101 to 103, she lay for four weeks, and had been but little better at any time for two months. She was at the time of operation reduced almost to a skeleton. Seeing no hope for life or health without it, she finally submitted to the operation, which, with the assistance of Drs. Breedlove, Wright and Eberle, I performed May 4, 1893, after Kelsey's method. The incision was made to cross a line drawn from the left anterior superior spine of the ilium to the umbilicus,  $2\frac{1}{2}$  inches long, and  $1\frac{1}{2}$  inches from crest of ilium, through skin and fascia, down



to the peritoneum. As soon as all bleeding was stopped the peritoneum was opened, the colon, which was easily found, was brought up into the incision and fastened with a steel pin passed through the lip of the wound, then through the mesentery of the colon, and out through the opposite lip. The gut was then sutured into the incision, about one-third of its calibre being within the line of suture. In this condition it was dressed and left for forty-eight hours, when union was found to be good. That portion of the gut within the line of suture was now cut away with scissors. The vomiting ceased immediately, the appetite returned and has since continued good. The stitches were removed at the end of the first week. The bowels now move regularly through the artificial anus about twice a day. She was able to sit up on the twelfth day, but could hardly be kept in bed until then. She wears a pad kept in place by a bandage, goes about wherever she pleases, enjoys better health than she has for years, and is happy.

Now, with regard to appendicitis. It is sometimes very difficult to tell just when to operate and when not to operate. We should try to take middle ground, being careful neither to operate too soon nor on the other hand to delay too long. If we have general peritonitis or pus formation the operation should be performed at once. I have seen several cases recover without operation. In one case the presence of a large abscess was easily detected and an operation advised but refused. The abscess afterwards ruptured into the bowel, the pus escaping in large quantities by the rectum. The patient recovered, but such happy terminations are not to be expected once in a hundred such cases. The operation is not at all difficult and the danger from it is almost nothing when compared to that arising from the presence of an abscess which may rupture at any moment into the peritoneum and kill the patient in a few hours.

Now, a word as to inguinal colotomy. This procedure has been recently given a prominent place by Dr. Kelsey, of New York, who recommends it for incurable stricture of the rec-

tum and even for chronic ulcers of the rectum. Senn, of Milwaukee, and Matthews, of Louisville, oppose the operation on æsthetical grounds, but if they meet with a single case such as I have reported above, before they have said so much against it that they cannot take it back, they will surely be converted. The inconvenience which this patient suffers amounts to almost nothing. Life is as sweet and enjoyable to her as it has ever been. It was my intention when she grew stronger to remove the fibroid growth, relieve the stricture if possible, restore the gut and close the artificial anus; but she seems so well pleased with the present arrangement that I hardly think she will consent to a second operation.

### **Cancer in a Child Ten Years Old.**

BY Z. ORTO, M. D., PINE BLUFF.

[Read in the Section on Practice of Medicine at the Eighteenth Annual Session of the Arkansas Medical Society, held at Batesville, May 31 to June 2, 1893.]

Julia S., a bright little girl of this city (Pine Bluff), was brought to me, by her mother, on account of a small tumor at the base of the left nipple. It had not given much trouble, but being so unusual in one so young, the mother became uneasy. Not being able to make a diagnosis, and knowing something of the family history, coupled with a suspicious hardness of the tumor, I advised its removal. Consent was unhesitatingly given. Accordingly, on the 2d day of May, 1893, the tumor was removed by incision. As before stated, it occupied the base of the nipple, and was about the size of the kernel of an almond, but a little more rounded in shape. In order that the case might be fully investigated, I forwarded the specimen to Dr. William Krauss, of Memphis, Tenn., a competent pathologist, for microscopical examination. I quote from the doctor's report after his examination:

"There cannot be a doubt of its being an incipient cancer.



The section gives a clear picture of malignant fibro-adenoma, which on further growth would have been a full-fledged mammary scirrhus."

After receiving the microscopical diagnosis I obtained the following personal and family history, which I hope will be of interest :

The patient is 10 years old; has light hair, fair skin and blue eyes. She is four feet two inches in height, and weighs fifty-five pounds. Mentally very bright, but quite nervous. The tumor was first observed by her mother about eighteen months ago. It gave occasional pain and has grown very little. The skin over it is of a purplish hue. The patient's mother is about 35 years of age and in good health. Maternal grandparents: Grandmother died at the age of 52 with cancer of left side of face. Grandfather died of some obscure stomach trouble; vomited almost constantly for last six months and confined to his bed for last two months. Grandmother has one sister that has had hemorrhage from the lungs and complains of neuralgia. Grandmother's mother had a tumor on left side of her face, that late in life discharged. Grandfather's sister died at the age of 62 with uterine cancer. Mother's brother had a tumor removed from back of neck two years ago, nature not known. Paternal: Father died at age of 48 with heart disease. Father's brother died at age of 32 with heart disease. Father's sister died at 42 with consumption. There is certainly something in this remarkable family history that points directly to the hereditary origin of this case—though such an origin seems to be a mooted question.

In looking over some authorities we find in Gross' Surgery the following regarding carcinoma :

"Among the predisposing causes may be mentioned age and sex. Carcinoma never occurs before puberty, and is not common between 40 and 60 years. It is sometimes inherited—that is, it manifests a tendency to descend from parent to child."

Flint says : "Carcinoma is purely local in its origin, and is not preceded by any dyscrasia. \* \* \* Cancer most frequently develops after 40 years of age. \* \* \* Nonetheless

cancer may occur in early life. In fact cancer of the kidneys is more frequent in children than old persons."

Ashurst says: "The neoplastic diathesis itself is strictly dependent upon arthritism, which is equivalent to saying that neoplastic and cancerous are merely arthritic patients suffering from a special manifestation of the constitutional disease."

Holmes says: "To some extent an inherited cancer may be admitted."

The Encyclopædia of the Diseases of Children, by Keating, mentions seventeen cases under 15 years of age, reported by many authors of large experience, six being sarcoma and eleven carcinoma; the parts affected being the internal organs, such as the liver, pancreas and ovaries.

I have not been able to find a case of carcinoma of the breast in a young child, though there may be such cases. Hoping this report may prove instructive, on account of extreme youth of patient, and as possibly throwing some light on the hereditary origin of cancer, and at the same time serve a warning to the surgeon to not trifle with innocent looking tumors, though they may be in very young people, but to promptly remove them by free incision, I submit the same for your consideration.

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A DIPLOMA DEALER SENT TO JAIL.—On April 7th an aged dealer in fraudulent medical diplomas, named Alfred Booth, was sentenced to six months' imprisonment in the penitentiary. He pleaded guilty to a charge of selling for \$50 a signed and sealed diploma, a crime that might have been made the basis of a prosecution for felony; but the accused was permitted to plead to a lesser crime—that of misdemeanor. Under this procedure the judge passed sentence, omitting to impose a fine and imposing the utmost limit of imprisonment, six months. The judge remarked that this kind of punishment was more deterrent than that by fines, and that he thought that the diploma-selling gentry would give New York a wide berth for some time to come.—[*N. Y. Med. Journal.*]



# JOURNAL

OF THE

## ARKANSAS MEDICAL SOCIETY.

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**VOLUME IV.**

**JULY 15, 1893.**

**NUMBER I.**

## Editorial.

### THE FOURTH VOLUME.

At each anniversary of its birth THE JOURNAL desires to reiterate and impress upon the members of the State Society that this publication is their property and their enterprise; that it has been from the start and will continue to be whatever the members of the Arkansas Medical Society desire to make it. THE JOURNAL has long since passed the experimental stage of its existence and is now running so smoothly that its supporters are liable to forget that each member of the Society ought to be as personally interested in the prosperity and welfare of the property in which he is a joint owner as if he were the individual proprietor, and was alone responsible for its progress. When each member bears his proportion of the

burden the load will be much lighter on all and the credit for success or failure will be shared by all alike.

In an editorial on "The Visit of Mr. Ernest Hart," editor of the *British Medical Journal*, the *Journal of the American Medical Association* says :

"When asked how best to improve our own excellent journal, Mr. Hart said that he thought its future lay in the direction of increasing the membership of the Association, and said in effect that as a stream could rise no higher than its source, so *The Journal* could not be much better or higher than the sources of its inspiration. Better papers, more condensation, and a larger waste basket would naturally follow a more extended membership. His own opinion was expressed that with so many more physicians in the United States than in any other country, we should have the strongest Association and the best journal. He could see no valid reason why *The Journal* should not speedily become phenomenally successful if the members of the Association so willed it. The labor was great, but the reward would be commensurate."

THE JOURNAL commends the words of Mr. Hart to each and every member of the Arkansas Medical Society and hopes a careful consideration of the utterances of this veteran editor will stimulate them to renewed efforts and untiring energy in increasing the number and usefulness of medical organizations in Arkansas. The best way to help THE JOURNAL is to increase medical organization. The efforts of THE JOURNAL have been most concentrated in the one direction of stimulating medical organization in our State, and if those most interested will give it their support the work it has undertaken will be accomplished.

The fourth volume and fourth year of THE JOURNAL commences with this number. The managers have no new plans to submit at this time. They can but renew the call so often made before and entreat the physicians of Arkansas to exert themselves to increase the number of, the membership in, and raise the standard of the scientific work of, the local societies throughout the State. When these things shall have been accomplished and our State shall be able to boast of a medical

society in each county and a good working membership in each society, it will be found that this JOURNAL will have shared in the labor and will have reaped the reward it deserves for the part it took in the good work.

With these observations THE JOURNAL starts on the fourth volume.

#### THE JOURNAL'S ADVERTISING PATRONS.

Those who have most carefully read THE JOURNAL during the three years of its existence can testify that not a "reading" or "commercial notice" of any character has ever appeared in its pages. Page after page of advertisements have been rejected by THE JOURNAL on account of its fixed determination not to depart from this firm rule established from the start, and many advertisers will not patronize a journal that does not insert these reading notices or commercial notes. The advertisers who have favored THE JOURNAL with their patronage have done so with the distinct understanding that THE JOURNAL was selling its advertising space at fixed and unvariable rates, and that under no circumstances was one line of its reading pages to be devoted to articles advertised elsewhere.

The relations existing between THE JOURNAL and its patrons have been of such an agreeable nature that it feels that it would not be out of place at this time to publicly, and without suggestion, acknowledge its obligations to them.

In this commercial age business men are apt to put their money where it will do them the most good, and considering the large number of medical journals and the concessions many of them offer advertisers, it is a source of sincere congratulation to THE JOURNAL that its limit of twenty advertising pages have been all occupied. The members of the society and other readers of THE JOURNAL can very materially benefit it by patronizing those who patronize its advertising pages.

"A man is known by the company he keeps;" and a medical journal may be known by the advertisements it takes, and the character of the advertisers by the journals they patronize. This JOURNAL is best known to some by the advertisements it



*don't* accept. Read the advertising pages of our JOURNAL and remember the great political question that cut such an important figure in the last presidential campaign—*reciprocity*.

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#### EDITORIAL NOTES.

PRESIDENT HUNTER MCGUIRE came very near adopting the suggestion of THE JOURNAL in regard to the code question. He recommended that the revised code be submitted to the different State Societies for their consideration. It will be remembered that THE JOURNAL suggested that each State be left to adopt a code suitable to the varying conditions existing in each. This seems now to be the easiest way out of a serious difficulty.

AN EFFORT IS BEING MADE TO HAVE THE AMERICAN PHARMACEUTICAL ASSOCIATION hold its next meeting (1894) at Hot Springs. It is to be hoped the Arkansas pharmacists will be more successful in obtaining this meeting than were the doctors in their endeavor to have the American Medical Association hold its next meeting at Hot Springs. The Medical Association not only declined to meet in Arkansas, but decided to go about as far from it as it could get without going to Alaska.

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### The Arkansas Medical Society.

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#### The Officers of the Sections.

The action of the Nominating Committee in selecting the chairman and secretary, respectively, of the sections from the same place was taken because it was believed these executive officers could do better work by being situated so that frequent conference relating to their work could be easy. Experience has proven that with the chairman in one part of the State and the secretary in another they seldom work together to any advantage. It is believed the present plan will work well.

### **New Members.**

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The following is the list of new members admitted at Batesville: Frank Vinsonhaler, Little Rock; J. P. Runyan, Pine Bluff; J. C. Amis, Fort Smith; H. P. Colling, Hot Springs; H. F. Kountz, Hot Springs; J. I. Hancock, Argenta; Henry Owen, Newport; J. M. Green, J. S. Graham, Tuckerman; J. M. Dorr, Newport; R. C. Dorr, Sulphur Rock; D. I. Jones, Haynes; E. R. Shinault, Helena; N. R. Townsend, Black Rock; C. E. Cantrell, Salado; F. J. Baum, Little Rock; T. M. Baird, Hot Springs; J. B. Crane, Batesville; R. S. Blair, Mountain View; Ed Wycough, Salado; A. J. Brewer, Newport; John Bolinger, Lead Hill; W. T. James, Victor; W. R. Brooksher, Yellville; J. R. Cason, Forrest City; John Johnson. Sidney; D. E. Evans, Barren Fork; C. P. Merriwether, Walnut Ridge; G. W. Granberry, Cabot; T. E. Holland, Hot Springs; B. W. Flinn, J. R. Lynn, Des Arc; J. T. Tipton, Lead Hill.

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### **Simply a Suggestion.**

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The veteran Treasurer of the Society, notwithstanding his strict adherences to business methods in conducting his office, has not the heart, during the present hard times, to remind delinquent members of their indebtedness to the Society. But he makes "simply a suggestion," that if there are any who can at this time spare the money he would take pleasure in sending them receipts. A considerable number of old members were absent and did not, as usual heretofore when unable to attend, send their dues. They are reminded.

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MR. LAWSON TAIT has refused a baronetcy which was offered him by Mr. Gladstone's government.

REFUTED—The man who says that "talk is cheap"

Forgets the handsome price  
That he perhaps has often paid  
For medical advice.—[*New York Sun*.]

## County Societies.

### Summer Vacations.

It speaks well for the prosperity of the physician when he has reached a point in his professional life where he feels that he can take a vacation from his professional cares. This point is not generally reached during the first years of his career. It is only after years of toil that he needs a rest and then fortunate is he if he has so prospered that he has the necessary funds and can steal from his clients the time to enjoy recreation.

From the dearth of County Medical Society news, THE JOURNAL is led to believe that their members are off on an unusually long vacation. But the same rule that applies to individuals should hold as to Societies. Only those that have worked need rest. In many parts of the State the summer season is about the most pleasant for Society meetings. How delightful would it be if the members of the County Medical Society should imitate some other organizations and have an outing. They could select some desirable place and, like the canoe clubs, with their families go there and spend several days at a time, fishing, *resting* and in such other diversions as might suggest themselves.

### Removal of Mass of Lead from the Ear.

In the *Lancet* for April 20th, 1892, Dr. A. Marmaduke Shield reports an interesting and ingenious expedient for the removal of metallic foreign bodies from the external auditory meatus. In this case a mass of molten lead accidentally fell into the meatus and its removal by ordinary means was found to be impossible. Before proceeding to detach the auricle and chisel away the posterior wall of the meatus, it was suggested to try the effect of metallic mercury upon the metal. After the ear had been filled with mercury for a time aggregating sixteen hours, "the leaden mass, much reduced in size and corroded by the mercury, was easily removed with the syringe."—[*Archives of Otology*, January, 1893.



## Miscellany.

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### Creosote in Tuberculosis Pulmonum.

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BY J. T. WHITTAKER, M. D., CINCINNATI, OHIO,

Professor of Theory and Practice of Medicine and Clinical Medicine, Medical College of Ohio.

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[Read before the Association of American Physicians, May 30, 1893.]

In the presentation of a paper to one of our societies we are not allowed the liberty of even our immediate forefathers. We are compelled to entirely eliminate the "personal equation," whereby the matter becomes perhaps more exact, but often less interesting. This fact is illustrated in one of the earliest contributions "On the Medicinal Properties of Creosote," which the author, John Elliotson, M. D., F. R. S., President of the Society, read at the opening of the Society's apartments, February 24, 1835, quoting the remark of Lord Bacon, that physicians apply themselves too exclusively to general indications, neglecting the peculiar properties of remedies in particular diseases. Bacon says "they merely go on in their prescriptions, *addendo, et demendo, et mutando* \* \* *quid pro quo substituendo*," and he advises that "some physicians of education and practical knowledge shall devote some time to the exhibition of medicines in particular diseases."

Elliotson says Bishop Berkeley killed creosote by overpraise, just as Pope killed Berkely when he said:

"Manners with candour are to Benson given,  
To Berkeley every virtue under heaven."

Elliotson tried creosote in phthisis and epilepsy, and discovered the virtue of it in obstinate vomiting. He says: "While I was trying creosote in phthisis and epilepsy, Asiatic cholera became epidemic in London. Two cases occurred at St. Thomas, and creosote was given with the effect of immediately arresting the vomiting." The author saw no benefit

from creosote administered internally in treatment of phthisis, but found it of great value when used by inhalation. Thus, "I am satisfied that it is no remedy for tubercles. Where, however, only a single ulcer is, or but a small number exist in the lungs, and there is no disposition to further tubercular formation, it is very beneficial. A young gentleman with a large solitary cavity in his left lung has completely recovered, and not the slightest morbid condition is discoverable by the ear." He knew the case of a lady who steadily augmented her dose of creosote to 40 drops before it disagreed.

All this was in 1835, only three years after creosote was discovered.

Disregarding now the literature of tar, the vapors of which were recommended in phthisis, as long as 1817, by Sir A. Crichton, physician to the Empress of Russia, and by Morton, of Philadelphia, as early as 1834, as a treatment "with which nothing could compare," we come to creosote, the essential ingredient of tar.

Creosote was separated by Reichenbach, in 1832, from wood-tar, and received its name from the property of preserving meat from decomposition without rendering it unfit for nutrition. Two years later Runge extracted carbolic acid from coal-tar. Gerhardt gave this product the name phenol. The substances were confounded until 1853, when Gorup-Besanez declared that the creosote extracted by Reichenbach from the baachwood tar was an entirely different body from carbolic acid, in that creosote consisted of a mixture of guaiacol and cresol, while carbolic acid is crystalline and contains but one atom of oxygen; hence it is not really an acid, but an alcohol, and should be known as phenyl-alcohol. Creosote is the cause of the conservation of meat in smoking. A piece of fresh meat allowed to remain half to one hour in creosote water takes the smell and taste of smoked flesh, and withstands decomposition absolutely. Insects and fish perish at once in creosote water, and plants watered with it wither away. According to Mignet, a young and vigorous rose-bush in full bloom thus

treated perished in the course of eight days. A few drops of the same solution applied to a red rose deprived it both of color and life (Stillé).

The toxic effect of creosote is, however, much less than that of carbolic acid. In a case reported by Pereira, a fatal dose was 120 drops, diluted with double the quantity of water. According to Taylor, 90 drops well diluted with water may be taken safely. The experiments by Husemann and Ummethum showed that it required, by subcutaneous injection, five times as much creosote as carbolic acid to kill frogs, and more than twice as much to kill pigeons. In rabbits, one gramme constitutes a fatal dose of carbolic acid. This quantity of creosote produces in the rabbit no symptoms at all, and death occurs only after the exhibition of four grammes.

The virtue of creosote depends upon its purity, especially upon its freedom from carbolic acid and pyrogallol.

According to Vigier, creosote owes its effect not to any single chemically-defined substance, but to a mixture of cresol, especially to guaiacol; also to derivatives of pyrogallol, which last substance is toxic. Guaiacol, which is the active principle of creosote, according to Picot, Lepine and others, is more readily tolerated than creosote, but it is seldom found pure in commerce. Impure creosote, that which contains carbolic acid, etc., irritates the mucous membrane of the stomach and intestines, and produces local inflammation. Some of the contradictory testimony regarding the remedy is thus explained.

The uncertainty of the drug in former, even in recent, use is illustrated in the statement by Oertel (*Handbuch der Allgemeinen Therapie*, 1882), that creosote acts like carbolic acid, but as the composition of creosote is so uncertain, it is better substituted by carbolic acid.

Dagivait, indeed, maintains that failures are due to impurities. He published a communication on "Impure Creosote the Cause of Failure in the Treatment of Pulmonary Tuberculosis."

In a healthy man, therapeutic doses produce no action what-



ever on the circulation, nutrition, calorification. The proportion of urea, of phosphorid acid in the urine, remains the same. The uric acid only diminishes. Once absorbed in the body, creosote escapes chiefly by the lungs and the kidneys, and there is observed in cases of the absorption of toxic doses, polyuria, dysuria, brown discoloration of the urine, bronchial excitation with hyperæmia, and the impregnation of the breath with creosote. The taste is preserved in the mouth in certain cases, which seems to prove that creosote is eliminated also by the salivary glands.

Bouchard found that it required seventeen millimeter cubes of creosote per kilogramme to kill a rabbit. By subcutaneous injections of an oleaginous solution of creosote, it required a dose nineteen times as strong. One may, without danger, inject every day in a rabbit twenty-five millimeter cubes per kilogramme in an oleaginous solution. This daily dose, which is without danger to an animal, is equivalent to fifteen grammes to a man weighing sixty kilogrammes—*i. e.*, 55s to 140 pounds. A non-fatal dose produces as a sole phenomenon in animals a retardation of respiration. The number falls from eighty to sixteen in the minute. Long and anxious pauses occur. Bouchard had remarked upon this retardation of respiration in man.

Forty-five years had elapsed since the discovery of creosote. The drug was widely, almost wildly, used and then forgotten. From this oblivion it was rescued in 1877 by Bouchard and Gimbert, the real pioneers in this therapy, who ascribed to it great virtue in the treatment of phthisis.

Sommerbrodt has just published a statistical essay of the use of creosote since 1887, in chronological order, showing the gradual development in creosote therapy. The most remarkable result is the increase in the daily dose, and the author confirms the statement originally expressed that the more creosote is tolerated during the day the better is its effect. While the daily dose for an adult in former years reached the maximum of  $\frac{1}{2}$  gramme, in later times the dose has been gradually increased to 4, even 8, grammes per day (in children  $\frac{1}{2}$  to  $1\frac{1}{2}$  grammes), not only without injury, but with the best effect.

Cough and expectoration disappear. The undesirable use of morphine is rendered superfluous. Nightsweats cease, the appetite becomes sometimes enormous, the body weight gains. The local effects in the lungs disappear, or remain only as relics. Even in the grave, apparently hopeless cases remarkable, though of course only temporary, results are accomplished. While the author saw formerly in small doses only essential improvement, latterly with large doses he has been able to accomplish cures, and that too, not only in lung tuberculosis, but also in surgical tuberculosis and in scrofula. The increase in the consumption of the drug may be appreciated by the statement that in the Moabite Hospital the quantity used in 1877 was 1 kilogramme, 50 grammes; in 1888, 4.225 kilogrammes; in 1891, 11.7 kilogrammes, and in 1893, 18 kilogrammes—*i. e.*, about forty pounds.

On the other hand, Fürbringer declares that he has not given creosote in the last one or two years, because he had not obtained success enough to justify it. In half of the cases there was no influence either favorable or unfavorable; in one-fourth of the cases the influence was directly injurious. The remedy hurt the stomach. Patients lost appetite and became miserable. The rest experienced various subjective and objective effects, but when these apparent results of creosote were compared with hygienic or dietetic procedures without creosote, there was no difference to record.

May these diametrically opposite opinions of good clinicians be reconciled in the study of the action of the drug?

Guttmann found that in solution of 1 to 4000 creosote exercised a marked inhibitory faculty on the growth of the tubercle bacilli, and in solution of 1 to 2000 actually destroyed it. Guttmann's experiments were made in 1887 out of the body, but deductions could not be drawn thence in the body, because the concentrations were too great. In order to secure a proportion of 1 to 4000—a concentration which hinders the growth of tubercle bacilli—more than one gramme of creosote would have to circulate in the blood.

Cornet showed that large quantities of creosote in the

stomach did not prevent the development of the tubercle bacillus in guinea-pigs. In proportion of 1 to 100 it fails after twenty hours' exposure to destroy tubercle bacilli in the sputum. A saturated aqueous solution does not destroy the tubercle bacillus in cultures in twelve hours. (Sternberg.)

In Trudeau's experiments, the rabbit inoculated with tuberculosis, and treated with creosote subcutaneously, presented the same lesions as control animals not so treated.

Bouchard deduced from his experiments that 3.5 grammes (about one drachm) of creosote would suffice to destroy bacilli in the middle of the body of a man weighing sixty kilogrammes (one hundred and forty pounds), but Burlureaux, injected into tuberculous patients as much as forty grammes of creosote a day. Now, according to Bouchard, all these bacilli ought to have been killed, and the patient ought to have recovered; but, says Peter, these results did not occur.

Albu's experiments show that tuberculous sputum taken from bodies saturated with creosote maintains its virulence. He injected such sputum in the anterior chamber of the eyes of rabbits. The course of the disease was perfectly typical. By the nineteenth day tubercle bacilli formed their first colonies visible under the lens. Subsequent changes ensued in course. Only one animal showed miliary tuberculosis.

In a second series of experiments such sputum was injected into guinea-pigs, intra-peritoneal. The peritoneum showed virulent material in six weeks. Hence there is no specific influence of the drug.

The clinical proof of the effect of the remedy in tuberculosis is the influence on the fever. Creosote has no real influence on the fever. The writer has tested this fact in every way. Though the patient be saturated with the drug by every avenue—by the stomach, by the lungs, by the bowels, by the skin, by all these methods at once—creosote does not control the fever. Thus, there is no specific influence and no real—that is, no radical or no direct—cure. But if creosote can cure indirectly, or if it will only arrest the disease, or if it will only relieve complications, it will hold its place until some-



thing radical is found. Sommerbrodt says that though a scientific explanation is still lacking, he believes that creosote alters the tissue of the cells and the chemical condition of the juices of the body, so that they no longer furnish a suitable culture soil for the tubercle bacilli, the colonies of which will not grow in it.

Ludwig maintains that creosote destroys the toxine of the tubercle bacillus. This is a fine theory, but undemonstrable at present. After ten injections, catarrhal cases at the apices will show no bacilli. The caseous will soon assume the mucoid form, which seems to exercise a toxic effect on the microbe.

According to Peter, injections of guaiacol and creosote act by substituting a fugitive and curable hyperæmia for a tuberculosis hyperæmia. Under the drug, cough and expectoration diminish, fever and night-sweats cease, appetite returns, and the patient gains weight and strength. The benefit is due to its elimination by the lungs. It excites a simple and transitory inflammation, which substitutes a specific catarrh.

Dujardin-Beaumetz, indeed, declares that creosote in appreciable dose congests the bronchial mucous membrane and promotes hemorrhage, while Guiter claims that creosote acts as an irritant which favors cicatricial sclerosis. Finally, Peter believes that creosote is more useful in protecting healthy tissues than in curing those which are already invaded. All these views are theories, and though they are advanced by clinicians, are undemonstrable by clinical proof. Creosote acts on the stomach. This fact has been observed by Walche, Hopmann, and Klempner. It excites the appetite and lessens the distress of indigestion. In fact, this action was the first observed. Most patients improve decidedly for a time under the immediate change of nutrition. And this action is well understood; for, according to Brunton, while 1 part of chlorine in 8540 parts of a saturated solution will arrest the digestive action of ptyalin upon starch paste, and corrosive sublimate is so enormously destructive as to arrest its action even in 1 part to 51,000, creosote has no action on ptyalin, even in saturated

solution, and has but a very feeble action upon pepsin. Thus, creosote merits its name.

It is impossible to proceed further in the study of the action of a remedy in tuberculosis without more definite knowledge of the nature of tuberculosis without, and what it is that is to be accomplished. In this regard there is new, or at least more definite, knowledge. It is known now that the whole character of consumption—*i. e.*, tuberculosis pulmonum—was not determined with the discovery of the bacillus tuberculosis. This is the keystone, it is true, but there are other stones really equally important which go to make up the structure. It is now known that tuberculosis of the lungs, at least, is not a pure process. In test-tubes a culture, to be kept pure, must be secluded from the outside air as a *sine qua non*. This seclusion does not obtain in the lungs. On the contrary, the tubes containing the cultures—*i. e.*, the bronchial tubes—are all open to the air, and are subject to constant contamination. So that human differs essentially from laboratory tuberculosis.

The contaminating bacteria of sputum have been recently investigated by Evans and Babes. Maragliano called attention to the possibility of their clinical signification, as did also Czaplewski, Ziegler and Thorner. Long ago, Koch, in his work, and after him Gaffky, encountered the tetragonus as an occasional associate of the tubercle bacillus, and spoke of its pathogenic properties.

Cornet on "Mixed Infection," says it is well known to every one who has experimented with tuberculous sputum in animals, that many of the inoculated animals, especially rabbits, often perish in a few days from septic processes. For years, in his experiments, he avoided the sputum of phthisis florida and selected rather that of chronic cases, because experience taught him that such sputum rarely causes death by accidental disease. In one case described with acute exacerbation, there was found in the sputum, besides the tubercle bacillus, partly isolated and partly abundant diplo and streptococci. Cultivation on agar gave almost a pure culture of streptococcus colonies. On post-mortem examination, microscopic sections

showed, especially in the walls of the cavities and caseous parts, streptococci and monococci thickly sown. In agar developed innumerable streptococcus colonies like those found in sputum, and besides, but in less number, perhaps in the relation of one to twenty, the staphylococcus and pyogenes aureus. The streptococci grew in bouillon in firm masses and long chains, without making the fluid opaque—a property, according to Von Lingelsheim, peculiar to pathogenic streptococci. They resemble in form and growth the streptococcus described by Curt as streptococcus agglomeratus. A mouse inoculated died in three days. The same streptococci were obtained from the blood of the heart, liver and lungs in pure culture. A rabbit and a guinea-pig injected died, both in twelve days. Their organs were filled with streptococci.

Of the twenty cases investigated post mortem, and so far as possible, *intra vitam*, there occurred twelve times such a dominating presence of streptococci that its work in the production of symptoms could not be questioned.

Petruschky confirms this fact. He found the streptococcus dominant in the great majority of cases studied. In eight of fourteen cases streptococci were found in the blood and juices of all the organs, whereby the significance of streptococcus infection is sufficiently shown. Pasquale also demonstrated streptococci in various tuberculous processes from the dead body. Therefore the expression “mixed infection” is not exactly correct, because it is not a case of simultaneous invasion. It is rather a secondary invasion of streptococci—that is, it is properly a wound infection, and should be characterized as a “secondary infection.” The inundation of the whole body with streptococci induces septicæmia. Hectic fever is distinguished by its morning remissions, and by its more or less sudden evening elevation. It is the fever of erysipelas, acute suppurative processes, puerperal fever, produced by pyogenic cocci, in the great majority of cases by the streptococcus. Koch calls this seesaw record the “streptococcus curver.”

Can it be that creosote is destructive to these associated micro-organisms?



Upon this subject there is less definite knowledge.

Marfan declares that creosote has an action more energetic on the micro-organisms of secondary infection than on the bacillus itself. From this point of view it is, he says, "the most puissant of the balsams." Under its influence the cough diminishes, the expectoration and the rales become less abundant.

Sternberg found creosote fatal to micrococci in the proportion of 1 to 200.

Creosote was found by Werneke to destroy yeast in a dilution of 1 part to 500 of water, and by Bucholtz to kill ordinary bacteria in a dilution of 1 part to 1000 of water. This difference enable us to arrest fermentation in the stomach depending upon the presence of low organisms, while the digestive action of pepsin is not, or is only very slightly, disturbed (Brunton).

It is not likely that creosote neutralizes or destroys the streptococcus itself, because it shows no real effect upon the fever; but it certainly does inhibit the growth, or actually destroy, some of the organisms which induce fermentation in the stomach and intestine, without interfering with the actual processes of digestion, and this is the actual knowledge in hand at the present time regarding the action of the drug. Thus, creosote contributes to the cure of consumption, as does arsenic, hydrochloric acid, benzoate of soda, etc., through the avenue of nutrition.

In proof of the fact that the remedy acts only symptomatically, Albu cites an instructive case. A fifty-three-year-old laborer was received on the 11th of November. The first time he was treated with tuberculin, the second time on the expectant plan, the third time with creosote. Each time he regained the ten or twelve pounds which he had lost outside the hospital. This influence is to be ascribed only to the improved hygiene of the hospital.

Creosote is best given in gelatin capsules, 0.1 creosote with cod-liver oil. Pure creosote is cheaper. Sommerbrodt uses the preparation of Hartmann and Hauers, of Hanover.

It may be given in a mixture of two parts of tincture of gentian in milk or wine. It should never be taken on an empty stomach; best immediately after the three chief meals. It never hurts the stomach. It increases menstruation, consequently it should be checked during that period. It may be continued for years, and must be continued long after apparent cure. It is of course much assisted by climate, altitude, lung gymnastics, and good nourishment, but it does good even under the most unfavorable surroundings.

Vopelius declares that the more creosote is tolerated the better is the effect. He gave it in doses up to the point of tolerance, and found the improvement in correspondence. The appetite increased, and with it the weight. He gives it uniformly, beginning with a daily dose of 2 grammes, and increasing it up to 4, 5, 6 and 8 grammes a day. He gives it altogether with tincture of gentian in equal parts, with great abundance of milk as an emulsion. In shaking it about with milk, it becomes so finely subdivided that it no longer burns or irritates the mucous membranes. On the contrary, it rather stimulates the stomach to secretion.

The remedy has been administered by the stomach, by the rectum, by inhalation, and by the skin. In the rectum it has been given systematically by Revillet, according to the following formula:

Water, 200 grammes;  
Creosote, pure, 2 to 4 grammes;  
Oil of sweet almond, 25 grammes;  
Yellow of egg, 1.

The creosote is first dissolved in the oil and subsequently emulsified with the yellow of egg. This produces a liquid homogeneous, of the appearance of milk, and of a yellow color. The emulsion may be made still finer by the addition of some gum. The oil of sweet almond is preferred, because it does not produce colic, and because it contains besides matters which act as an adjuvant in the alimentation. The injection is taken preferably in the evening, as it is best retained at night. After injection, the signs of absorption show themselves rapidly.

The patient instantly experiences the taste of creosote in the mouth, and the urine may assume a greenish-black color.

Creosote was injected through the thorax walls into the apices of the lungs by Lepine and Truc, of Lyons, and Gougenheim, of Paris, without any particular result.

The first idea of subcutaneous injection was entertained by Bouchard in 1875. Du Castle, in 1882, injected a peptonized creosote subcutaneously, but the introduction of the treatment is really due to Gimbert in 1886. He was soon followed by Burloureaux. Gimbert injected a solution of creosote, in 1 to 14 grammes of the oil of sweet almond, drop by drop, stopping occasionally to avoid pain. Gimbert injected only 15 to 22 grammes of the creosotized oil—that is to say, 1 to 1.5 of creosote. Burloureaux injected on an average 50 grammes—*i. e.*, over an ounce and a half a day; and he even passed this dose, and made daily injections of 160, 180, 200 and even 220 grammes, in order to saturate the organism. The remedy is really harmless.

According to Burloureaux, who treated 400 patients in this way, where tolerance ceases the prognosis is sombre and the patients are lost. If the patient perceives the taste of creosote a long time, if his urine becomes black, if he has vertigo, torpor and sweats, recovery is despaired of. Sweating frequently occurs at the beginning of treatment, sometimes immediately in consequence of the injection. It is occasionally profuse, and may last seven or eight hours. It is rare that it occurs alone; more often it is accompanied by fever, sometimes by chill, with headache and coldness. The extremities may become icy cold. It is the picture of the algid form of pernicious fever. It does not last longer than three-quarters of an hour, and is followed by a state of *bien etre*. The dose in these cases is excessive, and should be reduced.

Frey declares that the drug is not so effective when administered by the mouth or the rectum as by the skin, absorption from which is very rapid. The taste is perceived in a few minutes after administration, and the odor is noticed in the breath. Injections are almost painless. Large quantities, however, pro-



duce thickening of the skin and prevent absorption. Frey begins with olive oil, sterilized, 15 grains; creosote, 1 grain; injects at first 3 grammes, later up to 10, three times a day, and continues two or three months, after which he uses a solution of 1 in 9. The injection should be entered slowly, in the time of a minute. The most preferable sites are the back, the interscapular region, or the thorax.

The best results are reported in scrofula and local tuberculosis—that is, in precisely the cases where other therapy is most efficacious. This is a typical case. A patient who had been treated surgically for tuberculosis of the manubrium sterni and the internal extremity of both clavicles was put under the creosote treatment for a voluminous suppurating adenitis of the neck. In twenty-five days he received 1800 grammes of creosotized oil by the skin and 1000 grammes by the rectum. He increased in weight seven pounds, suppuration disappeared, the adenitis receded, and the patient recovered. Another patient absorbed by the skin ten pounds of creosotized oil and by the bowel over two pounds in five months, and was cured of tuberculosis of the testicle.

In estimating the value of a remedy in tuberculosis pulmonum, we must remember how deceptive is the prognosis of the disease. Thus, there was the Baron Cloquet, affected with tuberculosis of the lungs at thirty-two years, and given six months to live—not more—after a consultation with Andral, Chomel and Louis. Nevertheless he lived more than fifty years afterwards, and attended the funeral of all three of his prognosticators. It must be remembered that he lived under exceptional conditions. A spiritual egotist, he passed seven to eight months of the year in the Midi, on a splendid property which he possessed, with abundant nourishment, but delicate, that his stomach was able to digest easily. *En outre*, he never had the least fever (Peter).

Considered only from a clinical stand-point, creosote holds its place. It is an easy routine practice, and it is really, as shown, perfectly harmless in any dose. In my wards at the hospital all the tuberculous patients are put upon creosote im-

mediately upon entry. We begin with 5 drops of a mixture of creosote and tincture of nux vomica, or where strychnine in large dose is contra-indicated, tincture of gentian, in a teaspoonful of whisky and a tablespoonful of water three times a day after meals; increase the dose a drop daily to ten, whereupon additional doses are given at 10 a. m., 4 p. m., and at bed-time as before. The body shows signs of saturation at 60 drops per day. Six cases were treated also hypodermically with the same dose, but without any appreciable advantage over the internal treatment alone. Four bad cases were marked hectic and forty lighter cases without hectic were treated, in addition, to inhalations in the pneumatic cabinet, and this or a similar method has been tried thoroughly in France, but in my cases, aside from the psychical effect, with no additional benefit.

All our cases in early and even in late non-febrile periods are, and have always been, regularly treated with tuberculin, which remains the only radical redress in pure tuberculosis, but which has no, or, by increase of hyperæmia, only a bad, effect upon the streptococcus infection.

#### CONCLUSIONS.

1. Creosote, when pure, is harmless.
2. It has no direct action upon the tubercle bacillus.
3. Tuberculosis pulmonum is chiefly a secondary infection by a streptococcus.
4. Creosote has no direct action upon this streptococcus; hence none whatever upon hectic fever.
5. It destroys lower organisms, especially those which produce fermentation without affecting the process of digestion.

Hence, 6, the virtue of creosote, which is undeniable in most cases, is chiefly, but not wholly, upon nutrition.—[*The Therapeutic Gazette*.]

THE UNIVERSITY OF VIENNA has been particularly unfortunate of late in losing some of its ablest professors by death. Within a short time there have died Meynert, Kohler and Kundrat; and, last of all, Schnitzler.

**Perversion of Sexual Instinct—Sadism in Southern Negroes—Its Remedy, Castration.**

BY ELLIOTT T. BRADY, M. D., OF MARION, VA.

[Recently Assistant Physician in Southwestern (Va.) Lunatic Asylum, etc.]

Without desire to thrust myself into prominence by joining, unasked, the open letter correspondence between such eminent gentlemen as Drs. Hunter McGuire and G. Frank Lydston, I desire to contribute my quota to a question of such general interest, the more particularly as I have given the subject much thought, and the occurrence of one of those crimes, which has just taken place in our community. The open correspondence between the above named gentlemen, and published by you in the May number of your journal, on the subject of "Sexual Crimes Among the Southern Negroes," opens up a field which, if given the attention and cultivation it deserves, cannot but yield a glorious fruitage in a better understanding, and it is to be hoped, an improvement of the public morale. Without enlarging upon the subject of the enormity of these crimes, than which none could be more revolting, I present my views upon this type of crime and the relation of the Southern negro thereto.

The sexual acts proper are coitus, masturbation, and pederasty, or bestiality. If sexual power be diminished, and sexual desire at the same time increased, all manner of perversion of the sexual instinct becomes not only possible but probable. Excessive indulgence by frequent repetition of either of the above forms—in short, frequent excitation of the sexual centres, begets such a condition of diminished virility with increased desire. Granting, as I think all will, that this condition is the foundation of all sexual perversion, and, therefore, of the crimes under consideration, let us consider what is the nature of these crimes, what their origin, and how their frequency among our Southern negroes may be explained.

What is the crime? To answer this, we must distinguish



between *perversion* (disease) and *perversity* (vice); and, to do this, the whole personality of the individual should be considered, in connection with the impulse originating and the circumstances surrounding the act. Simple rape is rather a perversity than a perversion of sexual instinct, and includes only cases of temporary sexual excitement, where the desired coitus is obtained generally by threats, frequently by violence, but *rarely marked by excessive cruelty*, only sufficient violence being used to overcome resistance; and when murder accompanies the act it is unintentional. These simple rapes, then, being in my opinion only perversity, should be eliminated from this discussion, both from that fact, and the fact that it is no less common among the white than the negro race.

Perversion of sexual instinct may, for convenience, be divided into two classes—those shown toward the same sex and those shown toward the opposite sex. In this discussion we have to do only with the latter, which we will subdivide into three types:

(a) *Lust—Murder or "Sadism"*—the association of violence and active cruelty with lust.

(b) *Passivism or "Massochism"*—the association of passively endured violence and cruelty with lust.

(c) *Fetichism*—the association of lust with the ideas of certain portions of the female, or with certain articles of her attire, as the hand, foot, shoe, glove, apron, etc.

A certain amount of *fetichism* is innate in man, and finds frequent proof in the interest manifested in unintentional exposure on the part of a female. "Sadism" and "passivism" are almost exact counterparts. In "sadism" there is a desire to *inflict pain and use violence* towards the opposite sex. In "*passivism*" the desire is to *suffer pain and be subjected to violence at the hands of the other sex*. All the acts and situations used by the "sadist" in the active role become the object of the desire of the "passivist." Further illustration of the perfect parallelism between them could be given, but I do not wish to make my article too long.

From the almost universal and excessive display of cruelty

accompanying the crimes in question, I do not hesitate to classify them as "sadism," or "lust-murder," the two being but different degrees of the same psychopathic state, and differing from rape in that there is *more violence used and cruelty displayed* than is necessitated by the resistance offered. Further, the rapist derives sensual pleasure from the sexual act *only*, whereas the "sadist," on the contrary, seems fiendishly to gather satisfaction from the violence exerted, the muscular action called into play, and the cruelty exercised; also the mental images of lust, power, etc., conjured up by the struggles and suffering of the victim, and *not from the sexual act itself*, which is frequently omitted.

It is by no means to be inferred that the "sadist," in the exercise of his fancies, or even in his sadistic acts, experiences the orgasm or ejaculation of semen which is the sole object of the rapist. His pleasure is not in that, but in the psychopathic state, which state may be likened to that of ecstasy, even lasting for hours. But it is true, sexual connection is evinced by the facts—1st, of its being aroused only at times of sexual excitement; 2d, by its sudden cessation should a seminal ejaculation occur; and, 3d, by the fact that in the sadistic individual where cruelty and lust are associated, not only does lustful emotion awaken the impulse to cruelty, but *vice versa*, cruel ideas and the sight even of cruel acts cause sexual excitement; and, for this reason, individuals of perverted sexuality are especially prone to cruelty.

And now, having stated my views as to what the condition is, let us consider *why it is so frequent among the Southern negroes*. It is so, I believe, for the following reasons:

Cruelty is a natural attribute to primitive man. The instinct to fight and to destroy was characteristic of historic man and to the uncivilized races of today. With them to fight, and not only to destroy, but to torture, their enemies, was their prime object. Civilization is engendering new ideas, but provides new objects, and the same rule holds good—a survival of the ancestral tendency. The conquered must not only be overpowered, but tortured, to satisfy the unknown but resist-

less impulse. The same impulse leads even the more intelligent murderer to revisit the scene of his crime, and lends to all of us the tendency to be attracted by pugilism, cock-fights, and executions—the coarse and blunted ones among us having even the sense of pity smothered to silence by the inexplicable, yet the none the less irresistible satisfaction caused by the cruel scenes portrayed.

The Southern negro, but a few removes from his former barbarity and uncivilized state, has not as yet imbibed sufficiently the principles with which civilization imbues us to overcome those barbaric instincts.

Another efficient factor which throws not a little light on the subject under consideration, and which, I think, one of the influences leading up to these crimes, is the olfactory sense. There can be no question as to the connection between the sexual and olfactory senses in nature. The odor thrown off by animals at the rutting season, the effect of different odors in exciting sexual desire in certain animals, as perfume in man, velerian in wolves, catnip in cats, etc., all go to prove this. Now, uncleanness and crowding are both the rule with the negro—take this in connection with the lessened sense of shame engendered by the crowding of the sexes and the very pronounced racial odor, and we have a key to their apparently abnormal sexual appetite. Again, we all know that in the consumptive this appetite is usually increased, and, as Dr. McGuire states, they are most of them consumptive. I would then say that, taking the crowding, uncleanness and racial smell as a basis influencing sexual thought and appetite, and the phthisical state and barbaric ancestry as the perverting influences, the existence of such tendencies is rather to be expected than wondered at.

The negro's recent state of bondage does not seem to me to enter into the problem, except in so far as the careful watching of them when in that state prevented them from having the opportunity to give their passion rein, and, of course, the added fact that constant employment gave little time for abnormal brooding over perverted ideas.



And, finally, *as to the remedy*. Increased enlightenment indubitably furnishes us with the best; and it must be pushed, even though it is, on account of our finances, slow at present. Regular labor is the next need, and manual training, as suggested by Dr. Lydston, is a powerful means to this end. A third means is the *enactment and enforcement* of a law requiring steady employment on the part of all who are without visible means of support.

Before concluding, I would like to add a few remarks as to the *substitution of castration for hanging*. This has long been one of my hobbies (by no means an original one), and I am glad to see it advocated by Dr. Lydston. But I would see it carried farther, and made applicable not only to this class of cases, but substituted entirely for the death penalty; also in epilepsy (organic) and acquired syphilis. Criminal tendencies are as indisputably transmissible by heredity as are syphilis and epilepsy, and the time will come when the continuous multiplication of criminal and diseased constitutions, which is the only real characteristic of our so-called enlightened age, will be cut short by some such legislation as will soon be demanded by the first law of nature—self-preservation.—[*Virginia Medical Monthly*.

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### **The Treatment of Sprained Ankle.**

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Dr. V. P. Gibney, of the New York Polyclinic, offers, in the journal of that institution for January, some suggestions concerning the treatment of sprained ankle. For four years he has relied chiefly on the use of an adhesive plaster supporting dressing, and he has had a success so nearly uniform and satisfactory that he has no inclination to exchange the method for any of the older ones. Dr. Gibney owns his indebtedness for the new method to a little book by Mr. Edward Cotterell, of the University College Hospital, London. It was not until the end of 1888 that the treatment advocated in the brochure was fully digested and put into use by Dr. Gibney. He had all through his previous surgical career looked upon a sprain as a kind of mystery “not always so bad as fracture, but sometimes

more tedious," requiring fomentations for a little while, then a fixed dressing of plaster of Paris or silicate of sodium, crutches perhaps, and rest and massage afterward. He had never been attracted toward these methods, and he had come to expect a "stiffish" joint in nearly every case that came under his charge.

His first case to be tried according to Cotterell's plan was that of a lady who had wrenched her right ankle severely. The usual external features of a sprain were present; no dislocation or fracture could be made out. Dr. Gibney first cut strips of rubber adhesive plaster about half an inch in width and long enough to completely encircle the foot. Then, with the foot well raised, he strapped it, the ankle, and the lower third of the leg with these strips, very much as if he had had an ulcer to treat. The first strip was carried over the outer side of the foot from near the base of the little toe. The second strip crossed the first, the third lapped over the first, the fourth overlapped the second, and so on, until at the conclusion he had practically constructed a Scultetus' bandage of adhesive strips extending far enough to include the lower third of the limb. Over this he placed a cheese-cloth bandage to help the plaster strips to adhere to one another and to make the dressing more tidy. The patient was told to put on her stocking and shoe and to walk about the room. The walking was accomplished with some diffidence, but with no real difficulty. She was made to walk the next day and went out shopping without any bad results. The recovery was without relapse, and the usefulness of the ankle-joint was unimpaired.

This plan of treatment has been used by Dr. Gibney and his assistants in their hospital service, as well as in private practice. Not a few medical friends of his have followed his example in the employment of what he terms the "modern treatment of sprained ankles," and their reports are uniformly in praise of the method; he does not recall that any of them has made an adverse report. This plan of treatment has the advantage of entailing the minimum amount of enforced detention from the ordinary pursuits of life, and does not tend to leave a stiffened joint.—[*N. Y. Medical Journal*.

# PHARMACY.

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This Department is the official organ of the Arkansas Association of Pharmacists, and is under the charge of an editor elected by that body, to whom all communications relating to it should be sent. Address its editor,

MR. W. W. KERR, Russellville, Ark.

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## A Valedicto-Salutatory.

The word forming the caption of this article is the sole invention of the author; it has been copyrighted, and all rights are reserved, and all infringements will be prosecuted with the utmost vigor of the law.

At the last meeting of the Arkansas Association of Pharmacists, it was resolved that the Association discontinue the Pharmacy Department of this journal as its official organ. This course was deemed necessary in view of the fact that the publication of the proceedings in separate pamphlet form was demanded, and the financial condition of the Association did not admit of doing that, and at the same time sending THE JOURNAL to all of its active members.

Under the circumstances, the sometime editor felt that Othello's occupation was gone, and was casting about in his mind for fitting words in which to clothe his valedictory, so as to sever the close intimacy which for three years had subsisted between himself and his readers, with as little pain and blood-letting as possible, when behold! with his characteristic magnanimity and zeal for the good of pharmacy and the bringing of the two professions closer together, the editor of this journal insists that the department be continued, and that the writer continue to edit it. Consent to do so turned what would have been a valedictory into a salutatory, and hence the caption.

The department is to be continued, and for another year we hope to visit a larger number of readers than under the former regime. The low subscription price—\$1 per year—certainly ought to induce a sufficient number of druggists to subscribe for it to make it in fact an Arkansas drug journal as much or more than it has been for the last two years. The necessity



for some medium of exchange of ideas between the pharmacists of the State must be universally conceded, and the good that may be accomplished by it is incalculable. These possibilities do not reside in THE JOURNAL itself, but only in the patrons. It can be nothing but a vehicle, and must be utilized to be enjoyed.

### Morphine for Quinine Again.

Another fatal "morphine-for-quinine" error, made by an apothecary's clerk, is reported (from Cincinnati this time), the victim being the little son of the well-known optician, Mr. L. M. Prince. The prescription called for quinine and some simple additions, and was taken to the pharmacy of Mr. Theodore, where it was compounded by Albert Hoffman, a registered pharmacist. A few hours after the administration of the remedy the child died under all the symptoms of morphine poisoning. At the coroner's inquest, next day, Hoffman made his appearance and voluntarily made a statement to the effect that in Theodore's shop *the bottles containing morphine and quinine were labeled the same.*

From the newspaper accounts of the affair that we have seen, it does not seem that either clerk or proprietor was held by the authorities to answer for the homicide. In fact, the coroner seems to have reserved all his sympathies for the authors of the fatal error. He is reported in the *Enquirer* of June 28th as saying: "I think the young man did the square thing, and that the sad affair was the result of a blundering mistake, and I did not feel that I would be justified in ordering his arrest."

We wonder whether the parents of the dead lad and the general public are inclined to take the same easy view of the matter. If so, it is probably all right; but our own notions on the subject are that just so long as this policy on the part of the law officers and the public prevails; just so long as such criminal carelessness is condoned by men who are sworn to obey the laws, mistakes of the kind will continue to be frequent.

The arrest, trial and swift and severe punishment of the man, whether clerk or proprietor, who was responsible for the labeling of the two receptacles, would do more to prevent similar mistakes in future than all the devices for distinguishing or secluding poison bottles that ever were or ever will be invented. Think of such an affair occurring in France or Germany, or even in England, and being passed over as a "blundering mistake," for which nobody is to be held responsible. No wonder that human life seems to be a cheap commodity with us, in the eyes of Europeans.—[*National Druggist*.

In 1883 an Arkansas pharmacist suggested the "tinting" of morphine, to distinguish it from the innocent salt of almost universal use. Every month since that time, a fatal case of poisoning by "morphine mistaken for quinine" has been recorded. And yet it would be "unscientific" to make this deadly drug so that no one could be deceived! So say the teachers.

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### **Pharmacy for Women.**

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Brethren Hart of Pine Bluff and Bond of Little Rock have gotten into the columns of the famous *Woman's Journal* in great style. Hart is a strong advocate of woman's rights. We know he is because we heard his speech at the banquet of the State Association a few weeks ago.

A correspondent from Little Rock to the *Woman's Journal* writes as follows:

"A few weeks ago the State Pharmaceutical Association of Arkansas held its annual meeting in this city. At the same time, and in an adjoining room, the General Assembly of the Cumberland Presbyterian Church of the United States held its session.

"The woman question came up almost simultaneously in both bodies. After a long debate, the woman delegate obtained her seat in the Assembly, and the world still moves!

"One morning, when the galleries of the druggists' meeting hall were filled with Presbyterian delegates, the woman ques-

tion came up among the druggists, in a paper advocating 'Women in Pharmacy,' by Mr. E. N. Hart, a prominent pharmacist of Pine Bluff, Ark., who was subsequently elected President of the Association. Mr. Hart is a younger scion of a Southern Democratic family, and a representative Southern Democrat of the 'after-the-war' period. His paper advocating the profession of pharmacy for women was well received, and was ordered printed in the proceedings. Before the subject was passed, Dr. John B. Bond, of this city, a regular old-fashioned Confederate soldier (who is not just as sorry for his political sins as he ought to be), took the floor and made a ringing 'off-hand' speech in behalf of the rights of women. The doctor is well known in pharmaceutical circles from the Atlantic to the Pacific, and his opinion will have weight."

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### **The Peerless Percolator.**

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The writer is known amongst his friends as something of a crank on the subject of pressure percolation, and he does not "deny the soft impeachment." After all is said that can be said, it yet remains that time and the proper adjustment of the flow of the percolate, are the two most important factors in the process, and these are not attainable in perfection in the old-fashioned percolator.

We have tried a number of devices which have been placed before the public for accomplishing this object, and have found good in all of them, but are free to say that we have found none that came as near our idea of perfection as the "Peerless Percolator," invented and manufactured by Wallace Suits, Syracuse, N. Y.

A description of it without a cut would be difficult and we will not attempt it. It is sufficient to say that like others of its class, it depends upon an adjustable hydrostatic and atmospheric pressure. Its great advantage, however, consists in the fact that the percolator itself is made of glass, being nothing more than an adaptation of the Oldberry Percolator, and



hence, the operation is under the eye of the operator at all times, an advantage that must be appreciated by all who use it. It is simple and requires little more adjustment than the ordinary appliance, being packed as any other percolator, after which it is only necessary to affix the air-tight cap and connect with the reservoir by the rubber tube, and adjust the flow.

If desired it can be used as an ordinary percolator, with the great advantage of completely preventing evaporation.

It is stoutly and handsomely made, and is an ornament to any drug store.

We can unhesitatingly recommend it to our friends and cheerfully refer them to Mr. Suits for particulars.

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### **The Metrical System.**

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Every civilized nation, save Russia, uses the decimal system of weights and measures. It is not compulsory in the Kingdom of Great Britain and Ireland, nor in the United States, except in the Medical Bureau and perhaps some other department of the government service. The forthcoming Pharmacopœia, however, will use this system exclusively, and it will be well for all physicians and druggists to familiarize themselves at once with the system. Nothing about it is difficult after the names of the units are memorized. More than six hundred million people use the decimal system and America can no longer refuse to adopt it for general use.

No use to say bad words over it—we have to learn it.

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### **The A. P. A. in 1894.**

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One good thing resulting from the banquet at Little Rock during the meeting of the Association, was the inauguration of the movement to secure the Forty-second annual meeting of the American Pharmaceutical Association in 1894, at Hot Springs.

The question had not been sprung at the meeting of the Association by an oversight, but nevertheless it is to all intents and purposes a hearty Association movement, and President Hart and the Executive Committee can have no higher crowning glory for their administration than to secure this much to be desired object, and we trust they will follow it up assiduously to a success. A full and a strong delegation to the American Pharmaceutical Association meeting in Chicago should be secured, and they should be especially charged with this duty. In addition, let Dr. Bond get up in form the resolution passed at the banquet, and let it go forth as the sense of our Association, which it really was, and then let every member, and especially those at Hot Springs, put their shoulders to the wheel, and we think success will follow.

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### **Arkansas Association of Pharmacists.**

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'Tis only nine months till this body will meet at the great American Spa—Hot Springs. Now is the time for every live pharmacist to make up his mind to be present. These meetings pay big. If you have never attended one just try it once. That is all we ask.

The Hot Springs pharmacists have set their heads, hearts and pockets to work to secure the 1894 meeting of our great A. P. A. Would it not be "fine" for both Associations to meet there together? Hot Springs will win. They always do.

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DO NOT HESITATE, but at once apply for membership in the American Pharmaceutical Association. There is no initiation fee, and the volume of annual proceedings alone is worth much more than the price of annual dues. Blank applications and full information can be obtained by addressing the chairman of the committee, Dr. H. M. Whelpley, 2342 Albion Pl., St. Louis, Mo.

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Original Articles.

Address on Obstetrics and Gynecology.

BY L. R. STARK, M. D., CHAIRMAN, LITTLE ROCK.

[Delivered before the Section on Obstetrics and Gynecology at the Eighteenth Annual Session of the Arkansas Medical Society, held at Batesville, May 31 to June 2, 1893.]

*Fellows of the Arkansas Medical Society :*

As chairman of the Section on Obstetrics and Gynecology, I have the following to report :

The history of obstetrics and of gynecology for the current year presents in the aggregate another exemplification of the adage, "There's nothing new under the sun."

Revival of procedures long laid to rest ; the reinvestigation of old ideas and theories ; painstaking, persistent effort along old lines, to develop the truth, without reference to pet theories or tabooed dogmas, has been the order of the day.

The activities in these directions have been especially emphasized in the department of obstetrics, not that the same constant, untiring work—faithful work—has been wanting in general gynecology, and there is no doubt that by a retrograde course of reasoning the profession has been thrown back upon obstetrics as the main producing cause of most of the difficul-



ties with which we are brought in contact. And this is only what should be expected under the circumstances.

This wonderful American continent of ours has in nothing been more phenomenal than in the wonderful rapidity with which she has arrived at a condition of so-called civilization, attained by other peoples only after ages of development.

This activity along the obstetrical line, therefore, is only a response to a demand which is the product of the influences bearing upon us under present and rapidly advancing (?) conditions. There was a time when the question of the destruction of the unborn child in comparison with the safety of the mother was scarcely a question. Then we were primitive and had large families. Now, since by our statistics we find facing us the same tendency to the limitation of families by means of those enervating, corrupting practices—those twin abominations always flourishing among a people enfeebled and demoralized by long prosperity and rapid accumulation of wealth—viz., prevention of conception, and production of abortion. This question truly becomes a serious one and we have the revival of a long-ago suggested and practiced procedure, viz., “symphysiotomy” renewed and so far remodeled as to render the operation practicable under proper circumstances and by any well-informed physician. Although the indications so far have been found only in short antero-posterior pelvic diameters, yet the probabilities are that so long as the results of symphysiotomy furnish the figures now obtainable, this operation will be extended doubtless to the relief of those cases of dystocia, depending upon accipito-posterior presentations, conditions which all practitioners feel are perhaps among the most serious with which we have to deal.

The great question seems to be as to the amount of strain the sacro-iliac synchondrosis can stand without entailing such injury as would render the patient lame for life. Two and a half inches seems to be about the limit fixed for separation of the pubic bones. Diameters of the pelvis, measured before and after this operation, resulting in a separation of the pubic bones of two and a half inches, bear, according to Prof.

Pinard, the proportion of 84 to 60; and the volume of the sphere which the pelvis could contain under the two conditions would be nearly one to three. The great danger in all these "simple operations" is the risk of careless and unskilled operators. "Fools rush in where angels fear to tread." Another of the results of this growing tendency to compensate for this constantly decreasing birth rate is the introduction of the axis traction forceps, first popularized by Tarnier. Instead of using one hand as a fulcrum, thus depriving the accoucheur of the use of one of his hands as a tractor, or instead of using the pubic arch of the unfortunate parturient as the fulcrum around which to bring the force in the correct direction, the traction rods are now so arranged by a proper adjustment as to produce the traction necessary at the various points of the pelvic curve. (Of course, presupposing an intelligent operator.) Along this same line and acting with due caution with regard to antisepsis—manual interference—by the introduction of the whole hand for the purpose of diagnosing and rectifying occipito-posterior positions, is being practiced. This, with resort to Tredelenberg's postures, can be frequently done with wonderful facility.

Accouchement force and rapid dilatation again has been the subject of frequent discussions, the danger of laceration or rupture alone being the objection. This possibility, however, should never be lost sight of, and especially so as the statistics of the last few years emphasize the liability to uterine rupture in cases where an unrepaired cervical laceration exists. The writer has been so unfortunate within the last year as to have experienced a sad illustration of this principle.

Therefore, while well-grounded apprehension for the safety of either mother or child, on account of pelvic contraction, placenta previa albuminuria, or any other cause, when an old, unmerited laceration exists, great care should be taken lest a rent extending up into the body of the uterus follow the site of this injury.

While the consciousness of the existence of these old cicatrices should make us cautious, while forcibly dilating an un-

dilated os, yet on the other hand it must be borne in mind that no woman should be long left unrelieved of the contents of the uterus, in whom full dilatation has already occurred; and where delivery is prevented by disproportion between the presenting part and the pelvic cavity. These are often the cases of full term—cases with an unrepaired cervical laceration in which rupture occurs from this laceration as a starting point under violent expulsive contractions of the puerperal uterine muscle, slipping the cervix upward and over the contents, and at the close we find the small uterine tumor one of the low tumors in the abdominal cavity.

Bearing upon the question of restoring if possible the normal ability of the physical woman to perform the function ordained by nature as the purpose of her creation, are the various articles on the subject of faulty position and the "influence of posture in obstetrics and gynecology," especially with reference to the sitting posture as exemplified by Dewees and others. This vice of position seems to have taken possession of both sexes. The "*ossa sedentoria*" seem to have been improperly named. In the male we find the coccygeal portion of our anatomy applied most frequently to the seat upon which we recline. This of course necessitates absolute change in the normal curves and relations of the "*human form divine*." Concaves or substituted for convexes and vice versa, resulting invariably in considerable atrophic changes in erector spina muscles, in indigestion, constipation, hemorrhoids, pelvic engorgement, etc., etc.

These are a few only of the evils resulting from this habit in the male, in whom there is no uterus to displace. But what shall we say of the female? In order to overcome this tendency she seeks to substitute the corset, which supplies the brace from the front, which should in the normal condition of affairs be supplied by the erector spina muscles posteriorly, add to these the interference with blood accretion by reason of imperfect lung expansion, and to these, downward pressure of the diaphragm and abdominal viscera with limitation of abdominal respiration, and we have the enfeebled, imperfect



woman of the day. No wonder she fears parturition! No wonder she resorts to all sorts of questionable methods of avoiding duties devolving upon her as the mother of a household. The only way under the sun to render maternity easy is to render it physiological—to bring back from the physical deterioration of our boasted civilization the women who are to bear these future generations. This sin of *acquired deformity* begins in our *school rooms*, is fostered in our *homes*, and ends in our *infirmaries*. "Excessive development of the nervous system" is often blamed for many of these physical imperfections, but instead a very large proportion of them are attributable to sedentary habit alone, carrying with it the faulty positions indicated above.

The question of extra uterine pregnancy still in many cases remains the *terra incognita* so far as diagnosis is concerned; but the consensus of opinion on the question of treatment seems now to be early and complete removal by abdominal section. Ever since Montgomery's classic treatise on the "Signs and Symptoms of Pregnancy;" indeed, even before his time, it has been a "consummation devoutly to be wished," that we could find an absolutely reliable "sign." It seems now that Hlgars', viz.: Great extensibility of the cervical portion of the uterus (supra vaginal) offers the greatest prospect. This is performed by bi-manual palpation, by which that portion of the uterus is compressed between the finger or fingers within the vagina (in the posterior cul de sac), counteracted by suprapubic pressure.

This condition in the presence of the ordinary symptoms of pregnancy usually indicates the existence of that condition.

A safe and at the same time efficient method of inducing premature labor has long been a great desideratum; in satisfaction of this demand we are now offered the introduction of several ounces of glycerine into the uterine cavity by means of a long-nozzled syringe. Whether this procedure, like the numberless others which have preceded it, remains to be "found wanting," is still a question.

It seems strange, considering the now well-defined know-

ledge which we have of the action of ergot on the unstriped muscular fiber, that a reputable man could be found who would boldly advocate the use of this remedy in the second stage of labor, and yet such is the case.

Ignoring the fact that under the peculiar unnatural spasmodic operation of the nervous system of nine women out of ten under our present irritating and strained nervous conditions, resulting in a large majority of parturients, in lacerations instead of dilations, he still risks increasing this tendency by the use of a remedy that does not in any way simulate physiological intermittent action, but substitutes for it tonic contraction, not only of those fibers which decrease the caliber of the uterine body, but also brings all the contractile power of the circular fibers at the os and neck into operation.

Now here already without the ergot, but with the irritable nervous system of our wretched females, we have two opposing sets of muscles, spasmodically acting against each other, the stronger body-fibers overcoming the weaker circular cervical fibers, resulting in the numberless cases of laceration which we have to repair, then add to this the tonic effect of ergot and we only intensify this tendency. Fortunately we have had at the same time the suggestion to substitute strychnia and quinine. In these we have two stimuli capable of producing and of maintaining physiological intermittent nervous energy.

As adjuvants to these nervous stimuli and equalizers of enervation we have the long and most valuable list of analgesics, all useful and boons to poor suffering femininity as means of conducting her fiery ordeal, with some slight mitigation of the tortures she is now called on to suffer, and also from a professional standpoint, useful and boons in their power to allay spasmodic muscular contraction, and so to prevent the occurrence of those traumatisms, due to sudden and violent passage of the fetus along the genital tract; and last but not least, often preventing that most common form of puerperal eclampsia, which results from inflex disturbance of the hypersensitive nervous system through the medium of pain alone.

Another of the difficulties of the accoucheur heretofore insurmountable, has been the inability to limit the spread of mammary abscess by the seriatim involvement of one lobule of the gland after another. There seems to be now a plan which has been worked successfully by Webber of expediting this process, or rather of stamping out the morbid agency, by free incisions, antiseptis and drainage, on the same principle that Allingham, years ago proposed and practiced in the treatment of abscesses in the region of the anus, which under the the idle treatment of simple incision invariably resulted in fistula. Were it possible to bring to the surgeon's care these cases in their incipency support in some form or other (adhesive strips being by far the most reliable) would be all that is necessary to secure relief; but as the fact remains that these cases reach us, in a large majority of instances too late to abort them, we are only too glad to avail ourselves of any method of treatment by which we can be relieved of such long continued but most trying ordeals.

As it is doubtless the fact that the sustaining influence of the *full* abdominal cavity plays a very important part in sustaining the pelvic organs, especially the uterus, in position, so we have now for the first time the statement that atmospheric pressure has much to do with cases of "retained placenta."

Cavilan, Ach de Toc et de Gyn, 1892, says:

"1. Atmospheric pressure plays an important part in, and is often the sole cause of, retention of the placenta.

"2. The most widely known causes of retention have, in the majority of cases, only a secondary role.

"3. Atmospheric pressure may simulate adhesion of the placenta and give rise to intervention which is not devoid of danger.

"4. The action of this atmospheric pressure is variable.

"5. It causes a vacuum which yields only to perforation of the placenta, this equalizes the pressure.

"The procedure recommended is as follows: An assistant draws gently upon the cord, the fundus is held firmly in place, the right hand is introduced into the uterine cavity and follows



the cord to the center of the placenta, which is perforated by the middle and index fingers. The spongy tissue of the placenta is non-resistant, and the uterine tissue is firm and in no danger of being ruptured. If strict asepsis is observed there is no danger in the operation but every chance of success."

In the special department of gynecology the same conscientiousness characterizes the efforts of the year. In the revamping of old ideas; the reapplication of old theories; the adage "familiarity breeds contempt," must be reversed. Familiarity with surgical procedures especially develops to our view new uses, new advantages, new benefits. In the technique of suture, with a view to the avoidance of moral abscess, we have now various methods suggested, all made on the theory that the germs which furnish the foci for their development are found in the skin. By one plan, using two needles and starting in the abdominal cavity the peritoneum is first engaged from within outwards, then by crossing the ligatures from right to left each successive layer is united until finally the needles are made to emerge through the skin from within and then secured in the usual way.

Watkin has described his plan, working on the same principle, but requiring each layer to be tied separately with tendon, for all but the skin: this he secures by superficial sutures of silkworm gut.

For the retention of severe cases of utroflexion various modifications of Alexander's operation have been practiced. Not the sound ligament alone is called into requisition, but vaginal fixation after Dursseus method, as described by Rosenthal, has been practiced, and bids fair to be one of the most popular methods of relieving this most troublesome condition. Kieffer has had the hardihood to claim for the almost outlawed Pes-  
s-  
rauf a most important place in the treatment, not only of displacement, but absolutely of endometritis, on the principle mainly of re-establishing by suitable support, the normal circulation of this organ. The following are the indications laid down:

1. When metritis and uterine prolapse exist.
2. When metritis is not accompanied by adhesions.
2. In cases of subinvolution.
4. After curetting in the preceding cases, and after curetting in abortion.

In the December number of the *American Journal of Obstetrics and of Gynecology*, Robert T. Morris has given us a most interesting article:

"Is Evolution Trying to Do Away with the Clitoris?" In its perusal we find, along with the tendency to imperfect development of the clitoris proportionate to the well known absence of sexual appetite in the civilized woman, that the tendency to preputial adhesions manifests itself, resulting, as in the male, in various neurotic conditions, the result of irritation to the terminal branches of the pudic nerve, through the medium of the confined and decomposing smegma, or on account of inability to erection of this body under the ordinary stimuli to that condition.

Twenty-seven years ago the late Henry F. Campbell suggested as a means of limiting inflammatory action of the knee joint, ligature of the popliteal artery, and today we have the suggestion of Frank H. Martin to limit the growth of fibroid tumors in the uterus by ligation of the uterine, and if necessary of the ovarian artery also. This operation, as described by him, he claims to be original, in the fact that he regards it as sufficient and safe for the purposes for which it is intended.

In this age of laparotomy mania to find such a man as William M. Polk raising his strong voice in favor of more conservative methods, is quite refreshing. He claims most satisfactory results in cases of endometritis with recurring salpingitis, treated by curetting and drainage, even going to the extent of leaving the packing within the uterine cavity during the period of menstruation without injury to the patient.

The question of electricity still engages the attention of many industrious workers, whose discoveries must still remain in the crucible, so far as absolute adoption is concerned. The great difficulty seems to be the necessity of the expendi-

ture of more time and study than can be spared by any but specialist in this particular department.

Before closing these very meager outlines, I wish especially to call the attention of the Society to the value to us as a profession of the constantly increasing popularity of the flap-splitting operation for repair of the lacerated perineum. While there are doubtless some women in whom the tissues are so tense that the absence of the perineal body is not felt, yet I am convinced that the profession is becoming aroused to the great importance of this structure and to the necessity of its satisfactory repair. The extraordinary variety of plans and immense ingenuity displayed in the introduction of stitches by means of which to bring together these divided muscular fibers, which by their convergence and blending form the very foundation of the whole superstructure, is certainly suggestive, at least that the question is a difficult one. We have now a plan claimed equally by Marcey and by Tait, which, notwithstanding its simplicity, leaves nothing to be desired. Let any man who has performed the operation as outlined by any other plan, follow the description of Robinson, after Tait, and he will be surprised at the facility with which the operation can be performed, and the satisfaction he will find in the result.


As simple as this affair seems to be, and as common as it still is for men to treat as matters of no importance "slight lacerations," yet when we remember that these muscles which guard the outlets of the body are the last to yield to the influence of an anesthetic, thus demonstrating their dominating importance, we must per force acknowledge that any impairment of their contractile or retentive power must absolutely destroy physiological integrity.

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Dr. DeBossy, of Havre, has reached his one hundredth year. He is still in practice, and hopes to outlive his father, who died at 107.—[*Ex.*]

The normal pulse-rate of Napoleon Bonaparte is said by Corvisart to have been under forty beats per minute.—[*Ex.*]





## Fractures of the Skull,

WITH REPORT OF A CASE AND A REVIEW OF THE COMPLICATIONS  
THAT MAY FOLLOW.

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BY HOWARD P. COLLINGS, M. D., HOT SPRINGS, ARK.

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[Read by title in the Section on Surgery at the Eighteenth Annual Session of the  
Arkansas Medical Society, held at Batesville, May 31 to June 2, 1893.]

I wish to call your attention today to a class of injuries very dangerous in their nature and not infrequent, especially in the larger cities. The gravity of these injuries is of a kind that appeals more, it seems to me, to the finer feelings of sympathy of a physician than any other class of injuries, even though they may be of a more serious character as regards mortality. Injuries of the head appeal to us because we especially fear for the results—immediate and remote, and we are fearful of the results because of their liability to affect the mentality or the power of motion, both of which we justly guard with a jealous care. An unfortunate victim of an accident may be mangled in various ways, a limb lacerated or entirely severed from the body; the abdominal cavity opened and its contents allowed to escape; fractured ribs with perforation of the lung; wounds of the liver, all dangerous and tax the skill of the most eminent surgeons. Yet the brain, that great center of thought, the center of action, the source from whence is generated the fame, brilliancy and power of nations, the star that leads the human race, that shapes its actions and lends it the power to overcome all possibilities, is uninjured and unaffected in any way except possibly a passing delirium.

The extent however to which the brain may be lacerated and destroyed, and yet the functions go on apparently without interruption, there is and cannot be in a defined limit. One patient may have lost a considerable portion of the frontal lobes, and if the brain escapes general contusion, in all probability the mentality will be unaffected. But another may have only a slight fissured fracture of the skull and apparently with-

out any local cerebral lacerations and yet have a general contused condition, with distant lacerations resulting in permanent insanity.

In support of the fact that the cerebrum may be considerably injured without noticeable effect, I wish to report a case which occurred a few months ago.

On November 12, 1892, a schoolboy aged twelve, while out gunning attempted to fire his gun, which exploded and some portion of it, presumably the lock, struck him in the forehead. The boy was shocked for a moment but soon recovered and walked, in company with a companion of about the same age, a half mile and then rode in a buggy the remaining distance of one mile to his home. Upon arriving there he insisted upon walking into the house for fear of frightening his mother. When I saw him a few minutes later, he was perfectly conscious and in good condition. A cursory examination was made which revealed a lacerated wound of the forehead, to the left of the median line, and a round opening in the skull about the size of a one cent piece, from which protruded lacerated brain tissue. As he was suffering so little from shock it was decided to administer chloroform at once and remove the button of bone that had been driven into the brain.

My brother, Dr. S. P. Collings, administered the anesthetic, and without further assistance we proceeded. The wound in the scalp was enlarged by a crucial incision, and the opening in the skull found to be just to the left of the median line and very near the superior longitudinal sinus and about one-half inch above the superciliary ridge. It was found to be impossible to remove the button of bone without enlarging the opening in the skull. This was done with the rongeur in an upward and outward direction, sufficient for the bone, which was found imbedded in the brain tissue at least three quarters of an inch from the surface, to be removed. Barring a few smaller spiculas of bone no other foreign body was found. Whatever it was that struck him, rebounded and was lost. The cavity was thoroughly irrigated with sublimate solution and then packed loosely with a strip iodiformed gauze, the end being left

out at the lowest angle of the wound for drainage. The integument was then stitched with interrupted, silk sutures, an antiseptic dressing applied and the patient put to bed. He slept most of the afternoon and night and showed no signs of irritability at any time while awake. The evening temperature and also that of the following morning was normal. The following evening temperature was 101°F. (the highest during his illness), but he was without pain or any feeling of discomfort. The following day noon, which was the second day after the injury, his face was slightly swollen, especially about the left eye, but the wound was dressed, packing removed and cavity found to be perfectly clean. After irrigating with a weak bichloride solution, a small strip of gauze was reinserted and dressing completed.

November 15. Temperature normal; no pain; swelling of face disappeared; slept well and has not had an hypnotic. The patient naturally an exceedingly bright boy, has not been disturbed in the least mentally.

November 19. Wound has been dressed every day since the last note; no evidence of pus; stitches removed today; patient perfectly bright and has an enormous appetite, but is kept as yet principally upon fluid diet.

November 23. Dressings reapplied every day for patient's comfort; still a small opening kept open by a piece of gauze, but cavity is nearly filled now with healthy granulations.

December 2. Wound is entirely healed. One week later, he came to the office. The cicatrix was only slightly depressed and when seen a few days ago it was free from depression and apparently as firm as the surrounding bone.

I have purposely detailed the treatment in this case from bedside notes, because the treatment of every compound fracture of the skull is very similar. Attention being paid especially to the removal of bone, to the elevation of depressed bone, to the arrest of hemorrhage, to cleanliness and drainage. These principles being strictly adhered to the patient's life will be saved if the injury to the skull and brain is local. If, on the other hand, the injury is very extensive to skull, brain



and meninges, and especially if the brain be extremely lacerated by *contre-coup* the prognosis is very grave. I am speaking now of fractures of the vertex. Fractures of the base, while they are frequently compound, cannot be approached in the same manner, and must be treated by attempting to keep the channels aseptic which communicate with the seat of fracture, and meeting symptoms as they arise. In point of frequency in connection with fractures of the vertex, they reach a position of major importance. In a report of 124 cases of fracture of the skull, Dr. Charles Phelps, of New York, states that there were nearly 60 per cent. which involved the base. He included all cases which had their beginning in the vertex and extended to the base, and says he has "found upon necropsic examination but four cases in which fractures at the base were not continuous with a fissure extending from the point upon the vertex at which the violence was inflicted," making the percentage of those having their origin at the base very small.

Twenty-seven of the cases reported by Dr. Phelps were patients treated in St. Vincent's Hospital during my surgical service, and while serving on the medical side of the same institution I had the opportunity of following the symptoms and treatment of nearly as many others.

#### COMPLICATIONS OF FRACTURES.

The complications of fractures of the skull are the principle sources of danger with which we have to contend. My object in this paper in calling attention to them is not to enumerate all that can be found mentioned in surgical literature and attempt a description of each, but to mention what has impressed me as being the most important and the most practical as regards relief.

Among the most dangerous complications are *hemorrhages*. These may be sufficiently classified by the two principal divisions, epidural and subdural. In the former may be included the rupture of and consequent hemorrhage from the osseous and meningeal vessels in their course external to the dura

mater. In the latter may be included all hemorrhages occurring beneath the dura.

*Epidural* hemorrhages, if from the osseous or small meningeal vessels, are usually of little importance except in fractures of the base, where they are extremely valuable in determining the diagnosis. But if from the middle meningeal artery and the larger meningeal vessels, they become a source of great danger, and the clot must be removed, and the vessel seized and ligated if possible, or if not the hemorrhage may be stopped by compression.

*Subdural* hemorrhages, including all that may occur beneath the dura, may come from the arachnoid, the piamater or from the corticle substance. A subdural hemorrhage is rarely found in the form of a local clot. It usually insinuates its way in the meshes of the piamater over a large surface, and sometimes is seen nearly equally distributed over an entire hemisphere. A clot of this kind of course could not be removed, but there are cases in which the appearance of the dura indicates a considerable local clot, and may be incised and the removal of the clot accomplished. In others the dura mater may have been lacerated by the original force, and when it has been exposed by the removal of loose fragments of bone, or by the use of the trephine, the clot may be removed and the dura stitched up without difficulty. If the hemorrhage be from the corticle substance, it is due to lacerations and is a frequent cause of death. Especially grave are the lacerations by *contre-coup* with hemorrhage. Local hemorrhages at point of injury, as a result of destruction of brain tissue, may be packed and treated as the case reported.

*Lacerations* and *contusions* are complications which Dr. Phelps places "first in frequency and importance among all the injuries of the head." So high an authority giving these the position he does, if the original intent of this paper would permit a more than casual mention of them would be entertained. Their great danger not only lies in the injury *per se*, but to them is due the important sequel, insanity.

They also come in for their full share in the production of

*meningitis*, *paralysis* and *cerebral abscess*, other complications which I shall leave for your consideration.

With this brief review of a subject of such great import, and upon which there is being so much written at present, I hope to have said something that will be of interest to you and meet with your approval. In the presence of such injuries we all certainly feel that we can do too little. But with the recent strides in surgery, made possible by the advent of Listerism, what may be accomplished in the near future for the relief of these victims, may and will no doubt add greatly to what has already been attained, and keep abreast with every other branch of surgery.

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### Glioma of the Retina.

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BY H. MOULTON, M. D., FORT SMITH.

[Read by title in the Section on Surgery at the Eighteenth Annual Session of the Arkansas Medical Society, held at Batesville, May 31 to June 2, 1893.]

Of those indications which demand prompt diagnosis, and a consequent prompt removal of the eyeballs, glioma of the retina is of especial importance, because—

- (1.) It is a malignant growth of rapid development which destroys life by extension to or secondary deposits in the brain.
- (2.) It occurs at a time of life when its presence is apt not to be recognized until too late.

Histologically, glioma consists of small round cells, containing one or more large freely-staining granular nuclei. They resemble the cells of the granular layer of the retina, and from this layer they usually first take their origin. Zeigler insists that glioma of the retina is really a sarcoma, differing histologically from glioma of the brain. The former is metastatic; the latter not. The tumor is white, or yellowish white, containing blood vessels, and is very friable. It occurs from earliest infancy up to twelve years, the latest age at which it has been observed. Occurring in parent and child, or in more than one child of the same family, it is plainly sometimes he-



reditary. The affection is usually first brought to the parents notice by the shining white reflection behind the dilated pupil, long after the eye has become blind. Or it may not be discovered until the growth appears exterior to the eyeball, for during the earlier stages there is no pain or sign of inflammation. Later, tension increases. The tumor involves the optic nerve, or orbital cellular tissue, or perforates the sclero-corneal junction. In either case the eye becomes inflamed, painful on motion, and death follows from metastasis or extension of the brain. Its diagnosis in the early stage is usually not difficult when we have the aid of the ophthalmoscope and focal illumination. After barring out cataract and other opacities of the media, we have the greatest difficulty in distinguishing between glioma and what is known as pseudo-glioma, an affection which is the result of plastic exudation with separation of the retina, following an arrested purulent choroiditis. A history of inflammation decreased intra-ocular tension, bulging of the pupillary border and retraction of the ciliary margin of the iris characterize the latter. Increased tension, absence of inflammatory symptoms, bulging of the whole iris, characterize glioma. These signs usually enable us to distinguish, even though the dilated pupil and white fundus reflection are very similar in both.

In the case I here report, and which fortunately I saw early, there was an indefinite history of previous inflammation somewhere about the eye, which had passed off at the time I saw it, March 6, 1893. The pupil was dilated, tension normal, vision nil. From behind the pupil came a pearly white reflex. The ophthalmoscope showed a white, irregular growth within the fundus, most prominent below, and choroidal reflex entirely absent. The previous history of inflammation made me cautious about a positive diagnosis, but the age five years, and the *peculiar* reflex inclined me to the opinion of glioma. Although we are advised usually in case of doubt between glioma and inflammatory exudate to enucleate promptly, the eye being useless in either event, I yet felt inclined to wait. The parents were reluctant to consent to the operation, and the

sacrifice of a good looking, even though useless eye in a child, is a serious matter. But when six weeks later it was evident that the growth was approaching nearer to the crystalline lense without inflammation and that the tension was increasing, it became clear that we had a glioma to deal with. Accordingly, on the 7th of May, assisted by Dr. O. M. Bourland, of Van Buren, I removed the eye, taking with it about half an inch of the optic nerve. The orbital cellular tissue was found healthy. The organ was then placed in Mueller's fluid to harden, and later, sections were made of the nerve and tumor for microscopical examination. The growth which filled one-third of the cavity of the globe, was found to consist of small, round, granular nucleated cells in a fine scant fibrous matrix. The choroid was free from exudate, and occupied its normal relation to the sclerotic, except in the vicinity of optic disc. Here a most remarkable condition was found. Intimately connected with the optic nerve fibers, and spreading out between the choroid and sclerotic was a circular plate of tissue three quarters of an inch in diameter, and one or two millimeters in thickness. This tissue was quite dense, and under the microscope presented the same appearance of granular nucleated cells as the retinal growth did, except that the fibrous stroma was much more dense. I take it that the glioma first developed in the retina and extended along the nerve fibre layers to the entrance of the nerve, where a secondary tumor was developed. The consistence of each was determined by the nature of the parent tissue, and the shape of the last by the resistance of the choroid in front and the sclerotic behind. That portion of the nerve immediately at its entrance into the globe was infiltrated with the glimotous cells, but the extra-ocular portions of the nerve were normal. Thus, the anatomical diagnosis was the same as the clinical. While, owing to the healthy extra-ocular portion of the nerve the prognosis is favorable, yet it must be somewhat guarded, for it is possible according to some (Knapp) for distant foci of infiltration to exist without direct anatomical connection.

For the microscopical work I am indebted to Dr. Epler, this city.

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## Editorial.

### THE EVILS OF "KOCHISM."

When Robert Koch prematurely promulgated his anticipated discovery of a cure for consumption, and his alleged remedy was obtained and tried by medical men of high standing, it was feared and predicted that the recognition thus given to a supposed remedial agent, introduced in a most unethical way, would open the flood-gates and let in on the ground floor of medicine the unscrupulous quacks, who had formerly been compelled to struggle in the damp and foul atmosphere of the cellar of quackery.

The most charitable designation of Koch's action is to call



it an unfortunate mistake or error. It was the first bad act in the career of a man whose whole life had been devoted to a scientific study of means of alleviating human suffering and prolonging life. If the bad effects of Koch's misfortune could have been stopped, with the evils resulting from his one bad act, the damage would have been inconsequential, as compared to the evil works of the human vampires who are taking advantage of the recognition given by the medical profession to his irregular methods.

Without going into specific details at this time, *THE JOURNAL* desires to utter its protest against the use, by physicians, of any of the alleged remedies and methods which unscrupulous men are endeavoring to introduce through the channels of the medical profession. No remedy that cannot bear the search-light of scientific investigation should be touched by members of the regular profession.

No amount of seductive advertising through the secular papers of alleged cures and of tests made by doctors should tempt respectable physicians to send for trial quantities to be used on credulous patients suffering from a disease in which hopefulness is a pre-eminent characteristic, and the symptoms of which are improved for the time being by every new treatment in proportion to the amount of mystery and assurance with which it is applied.

Physicians are constantly importuned to send for samples of a certain remedy now being advertised in a most stealthy, and to those afflicted with a certain disease, inhumanly cruel manner. They should set their seal of condemnation on all such greedy attempts of commercialism applied to "Kochism."

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#### EDITORIAL NOTES.

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**THE DEATH OF DR. W. P. HART.**—*THE JOURNAL* accidentally learned of the death of Dr. Hart, who was an ex-President of this Society, through the following notice in a Pine Bluff paper: "On last Sunday Dr. D. S. Mills received

a telegram containing the sad intelligence of the death of Dr. W. P. Hart, which occurred at Washington, Ark., last Saturday night. Dr. Hart, until a few months ago, was a resident of this city, but on account of failing health removed back to his old home in Hempstead county. Dr. Hart was a very fine physician, and during his brief residence in this city won the confidence and esteem of all our citizens, and the news of his death has spread the gloom of sorrow over his many friends in this community." The death of Dr. Hart has deprived the Society of one of its best writers and speakers. He was always esteemed as a citizen, and beloved and respected as a physician. THE JOURNAL will have a more extended notice in a future issue.

THE DEATH OF MRS. BREYSACHER.—The death of this most estimable lady, the wife of Dr. A. L. Breysacher, occurred on July 29th, at the family residence, Little Rock. Besides all the lovable traits of true womanhood which she possessed, her one distinguishing attribute was purity of character. In expressing to Dr. Breysacher the condolence of his friends—the medical profession of the entire State—THE JOURNAL is permitted to include this sentiment from a friend: "Even to him whose days and nights are spent among scenes of death and mourning the inexorable conqueror can strike as hard a blow as to one who sees the stroke for the first time. Custom cannot accustom us to view without heartbreaking our own dearest dead."

DR. T. E. MURRELL.—Dr. Murrell, having been elected to and accepted the chair of ophthalmology in the Barnes Medical College, will, about September 1st, remove to his new field for the winter at least, with the probability that he will after this year permanently reside in St. Louis. He was elected emeritus professor of diseases of the eye and ear in the Arkansas Industrial University, Medical Department. Wherever Dr. Murrell may reside in the future, he will always have the good wishes of his medical friends throughout the State of Arkansas.

THE ARKANSAS INDUSTRIAL UNIVERSITY, MEDICAL DEPARTMENT.—Dr. C. S. Gray, so long and favorably known throughout Arkansas, has been elected to the chair of ophthalmology and otology. This chair has been still further strengthened by the election of Dr. Frank Vinsonhaler to the position of clinical professor of these branches. Dr. S. H. Kempner has been elected professor of histology, pathology and urinology. A few minor changes have been made which will facilitate instruction in the institution. Notwithstanding the high stand taken by this school in inaugurating the three-course standard adopted by all the good schools in the United States, the indications are that the next class will be a large one. It is a true sign of progress in medical education when students seek schools which are first class, rather than those that have only cheapness and two short, irregular terms to recommend them.

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## County Societies.

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THE JOURNAL recently saw tabulated all of the known tests of death. From the occurrences of the summer, or, more properly, from the lack of occurrences, in the County Medical Societies of Arkansas, it is believed that these Societies would fail to respond to any known test for life that could be applied.

Even the word "refreshments" written on the notification card of the Little Rock Medical Society failed to bring out more than a few of the members. There are two infallible tests of the life of a local medical society, "refreshments"—"annual election of officers." If these two fail, neither stimulation, electricity, artificial respiration, nor even the orificialist's infallible resuscitator, dilating the sphincter ani, will revive them.

THE JOURNAL believes that it is only a rest that the Societies are taking, and that when they do begin work in the autumn it will be with a vim that shall more than make up for the drowsiness of the summer months.



## The Arkansas Medical Society.

**Minutes of the Eighteenth Annual Session of the Arkansas Medical Society, Held at Batesville, Wednesday, Thursday and Friday, May 31, June 1 and 2, 1893.**

The Society met at Odd Fellows Hall, Wednesday morning, and was called to order at 11 o'clock by the President, Dr. James T. Jelks, of Hot Springs.

Prayer was offered by Rev. J. T. Horn.

Hon. James P. Coffin delivered the address of welcome of the citizens of Batesville.

Dr. Hatchett responded in behalf of the Society.

The Committee on Credentials reported the registration of the following delegates, permanent members and applicants for membership, recommending the admission of the applicants :

### DELEGATES.

*Boone County Society.*—John Bolinger.

*Hot Springs Medical Society.*—J. C. Minor, T. E. Holland.

*Independence County Society.*—T. J. Woods, W. T. James, J. B. Crane, C. P. Merriwether.

*Jackson County Society.*—Henry Owen, J. S. Graham, J. M. Jones, W. H. Heard.

*Jefferson County Society.*—J. P. Runyan, Z. Orto.

*Lee County Society.*—D. I. Jones.

*Little Rock Medical Society.*—F. Vinsonhaler, Edwin Bentley, J. I. Hancock, C. E. Nash, R. G. Jennings, D. A. Gray, L. P. Gibson.

*Marion County Society.*—W. R. Brooksher.

*Sebastian County Society.*—J. C. Amis, B. Hatchett, W. W. Bailey.

### PERMANENT MEMBERS.

Adam Guthrie, Jr., Cleburne county; D. C. Ewing, W. B. Lawrence, C. C. Gray, S. L. Vaughan, J. W. Case, M. C. Weaver, Independence county; J. T. Jelks, Garland county; E. A. Baxter, Izard county.

## APPLICANTS FOR MEMBERSHIP.

F. Vinsonhaler, Little Rock, Pulaski county, College of Physicians and Surgeons, New York; J. P. Runyan, Pine Bluff, Jefferson County, Tulane University; J. C. Amis, Fort Smith, Sebastian county, University of Louisiana; J. H. P. Colling, Hot Springs, Garland county, Bellevue Hospital Medical College; J. F. Kountz, Hot Springs, Garland county, Tulane University; J. I. Hancock, Argenta, Pulaski county, Medical Department Arkansas Industrial University; Henry Owen, Newport, Jackson county, University of Nashville; J. M. Green, Tuckerman, Jackson county, College of Physicians and Surgeons, Keokuk, Iowa; J. S. Graham, Tuckerman, Jackson county, Bellevue Hospital Medical College; J. M. Jones, Newport, Jackson county, University of Nashville; R. C. Dorr, Sulphur Rock, Independence County, Missouri Medical College; D. I. Jones, Haynes, Lee county, Memphis Hospital Medical College; E. R. Shinault, Helena, Phillips county, Tulane University; N. R. Townsend, Black Rock, Lawrence county, Hospital Medical College, Louisville; C. E. Cantrell, Salado, Independence county, Medical Department Arkansas Industrial University; F. J. Baum, Little Rock, Pulaski county, Medical Department Arkansas Industrial University; T. M. Baird, Hot Springs, Garland county, Jefferson Medical College; J. B. Crane, Batesville, Independence county, University of Louisville; R. S. Blair, Mountain View, Stone county, Vanderbilt University; Ed. Wycough, Salado, Independence county, Medical Department Arkansas Industrial University; A. J. Brewer, Newport, Jackson county, University of Louisville; John Bolinger, Lead Hill, Boone county, Missouri Medical College; W. G. James, Victor, Independence county, Vanderbilt University; W. R. Brooksher, Yellville, Marion county, Kentucky School of Medicine; J. R. Cason, Forrest City, St. Francis county, Jefferson Medical College; John Johnson, Sidney, Sharp county, Kentucky School of Medicine; D. E. Evans, Barren Fork, Izard county, Medical Department Arkansas Industrial University; C. P. Merriwether, Walnut Ridge, Lawrence county, Missouri

Medical College; G. W. Granberry, Cabot, Lonoke county, Memphis Hospital Medical College; T. E. Holland, Hot Springs, Garland county, Missouri Medical College; B. W. Flynn, Des Arc, Prairie county, Memphis Hospital Medical College; J. R. Lynn, Des Arc, Prairie county, Memphis Hospital Medical College; J. T. Tipton, Lead Hill, Boone county, Memphis Hospital Medical College.

The applicants were elected by ballot.

The roll call and reading of the minutes was dispensed with.

The President called Vice-President Case to the chair and proceeded to deliver the annual address "On the Prevention of Venereal Diseases."

At the conclusion of the address, it was referred to the Section on the Practice of Medicine.

Adjourned.

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THURSDAY, June 1, 1893.

The Society was called to order by the President at 9 o'clock.

The President's address was referred to the Publication Committee.

The Committee on Publication reported verbally that all papers read at the previous meeting had been transmitted to THE JOURNAL of the Society.

The Trustees of THE JOURNAL reported as follows:

REPORT OF TRUSTEES OF THE JOURNAL.

"MR. PRESIDENT—The Trustees of your journal respectfully report that they have nothing to add to the report of the editor which is herewith submitted as showing the condition of your publication during the year since our last annual session."

"LITTLE ROCK, ARK., May 30, 1893.

"*To the Board of Trustees:*

"GENTLEMEN—THE JOURNAL of the Arkansas Medical Society has progressed during the past year as steadily as we could have expected. The amount due from advertisers



will more than balance the printing account at the end of June and the third year of the publication.

"As it is of paramount importance that as many readers as possible shall be obtained for THE JOURNAL, it was deemed expedient to reduce the subscription price from to \$2, the original sum, to the more popular price of \$1.

"It was expected that members of the Society would interest themselves in securing new readers and at the reduced price many new subscribers would be added to our list. THE JOURNAL proposes to share its prosperity with its readers, and it would in a most practical manner demonstrate the benefits to be derived from the operation of the law of reciprocity if the members and readers would exert themselves to increase THE JOURNAL's popularity and influence.

"THE JOURNAL has from the start had to carry a very onerous burden imposed by the post-office department, requiring that it should be classed as third-class mail matter instead of being admitted to the mails for transmission as second-class matter, to which it is clearly entitled by acknowledged action of the department in admitting other journals published on exactly the same plan. The attention of the Postmaster General has been called to the matter, but he has not changed his first ruling. This exorbitant and unjust postage costs several hundred dollars a year. I shall appeal from the decision of the Third Assistant Postmaster General, who has charge of the classification of mail matter, and hope to be able to convince the higher official of the unjustness of the decision and cause him to either admit our publication or exclude others which have the advantage of second-class privileges.

"The ground on which it is refused is, that it is a journal published by a society instead of annual transactions and furnished to members without the payment of subscription or extra dues.

"If this ruling were adhered to strictly, there are many publications that would have to pay half a cent an ounce instead of one cent per pound, as they are now allowed to do under the ruling of the post-office department. ●

"I have nothing to suggest, but would at all times be glad to receive the advice or criticism of any member of the board or of the State Society.

"Very respectfully,

"L. P. GIBSON,

"*Managing Editor.*"

The report was adopted.

The Secretary of the Society read his report, as follows :

REPORT OF THE SECRETARY.

"LITTLE ROCK, ARK., May 30, 1893.

"MR. PRESIDENT—As Secretary, I respectfully report that I have performed the routine duties of my office as usual during the past year.

"I have received the resignations of Drs. Albert Dunlap, of Winslow, and A. F. F. Kerstein, of Beirne.

"I have also been notified of the expulsion from the Sebastian County Medical Association of Dr. J. M. Kelleam, of Fort Smith.

"The following named members have died since our last meeting: Dr. Isaac Folsom, Loncke; Dr. Wm. M. Lawrence, Batesville. Respectfully submitted,

"L. P. GIBSON, M. D.,

"*Secretary.*"

On motion of Dr. Orto, Dr. Albert Dunlap was continued on the roll as an honorary member.

The report of the Treasurer was read, as follows :

REPORT OF TREASURER.

"A. L. BREYSACHER, M. D., Treasurer, in account with  
THE ARKANSAS MEDICAL SOCIETY, for the year ending  
May 31, 1893 :

"*Receipts.*

"Received of members since last statement.....\$745 00

Balance on hand last statement..... 9 40

Total receipts .....\$754 40

*"Disbursements.*

" Voucher No. 1.....	\$ 3 00
Voucher No. 2.....	16 50
Voucher No. 3.....	7 50
Voucher No. 4.....	48 50
Voucher No. 5.....	15 00
Voucher No. 6.....	3 75
Voucher No. 7.....	300 00
Voucher No. 8.....	15 00
Voucher No. 9.....	3 00
Voucher No. 10.....	20 00
Voucher No. 11.....	12 50
Voucher No. 12.....	15 00
Voucher No. 13.....	10 00
Voucher No. 14.....	8 35
Voucher No. 15.....	2 00
Voucher No. 16.....	5 00
Voucher No. 17.....	20 00
Voucher No. 18.....	25 00
Voucher No. 19.....	6 00
Voucher No. 20.....	5 00
Voucher No. 21.....	15 00
Voucher No. 22.....	1 65
Total disbursements.....	<u>\$557 75</u>
Balance on hand.....	\$196 65

" June 1, 1893, to balance on hand, \$196.65."

On motion, the Treasurer's report was referred to a special committee consisting of Drs. Jennings, Bentley and Brewer.

The Committee on Medical Legislation, through the chairman, Dr. R. G. Jennings, submitted the subjoined report :

## REPORT OF COMMITTEE ON MEDICAL LEGISLATION.

" When your chairman noticed his appointment on this committee, in the November (1892) number of THE JOURNAL OF THE ARKANSAS MEDICAL SOCIETY, and perused the excellent editorial comments on the duties of this committee, and the



difficulties of their performances, as graphically portrayed; he painfully realized his unenviable position, and earnestly wished that some other member of this Society, who was better endowed for this particular service, had been selected by our worthy President.

"However, after some reflection, noticing the illustrious names of his associates on this committee, and fully appreciating their valued assistance, he concluded to accept the honor conferred; and, as is his custom, do his duty manfully, and take the consequences of your honorable censure or approval, as the result of his efforts would justify.

"Entertaining a kind of *ignis fatuus* confidence, that members of this Society would comply with the editorial request mentioned, and promptly communicate their individual ideas, impressions and suggestions, as in their wisdom they deemed worthy of consideration, for his assistance and guidance, and thus blaze a pathway through this labyrinth of chaotic opinions, so that something like a unity of sentiment, or concert of action, could be materialized.

"After waiting long and patiently, it became patent that in all probability not a member of this organization had experienced that spirit of inspiration essential to justify an expression of their individual opinion. Despairing, therefore, of voluntary assistance from any member of this Society, the only alternative left was to interrogate his colleagues, and endeavor to obtain from them some suggestions on the exigency of the situation, to enable him to act intelligently, and, if possible, in accordance with their expressed or implied sanction.

"With this object in view, your chairman had two bills drawn, one for 'An act to be entitled an act to amend sections No. 4643, 4644 and 4654, of Mansfield's Digest, and for other purposes,' that the words 'county boards' be stricken out and district boards be inserted in lieu thereof. Also that the graduates of the Medical Department of the Arkansas Industrial University should be exempt from further examination by any board in the State. This bill would reduce the number of examining boards in the State to six.

The other was 'An act to be entitled an act to amend sections 4644 and 4647, of Mansfield's Digest.' These sections were to be amended by striking out the words 'County Judge of each county in the State,' and in lieu thereof insert the word 'Governor.' Instead of the County Judge appointing the county board, the appointing power would emanate from the chief executive of the State. This would make some change, and it has been deemed of the highest importance that *some change* should be made, even if the effect sought to be attained should not prove altogether the *sine qua non* desired. An impression seemed to prevail in the minds of quite a number of medical gentlemen that no great radical change would be entertained by the Legislature about to convene, and that the exercise of a diplomatic and conservative discussion would better conduce to a successful consideration of these bills, if not directly entertained and passed.

"These two bills were type-written and a copy mailed to each of the other members of this committee, soliciting their unbiased opinion as to their merit, requesting commentation untrammelled, and to substitute a new bill altogether if they deemed it expedient to do so. Responses were received from each member of this committee, all expressing preference for the first bill, though not one was very partial or zealous in its advocacy; yet not a member submitted a new bill, or expressed any other satisfaction than that they would render all the assistance they could, personally, towards obtaining an amendment or change in the present, or 1881, act.

"A majority of the members of this committee resided in the capital city, and by uniting their personal efforts a three-fold influence could be exerted, and a respectful consideration, at least, obtained for the bill presented. Unfortunately, just at this time, one of the members was totally incapacitated from rendering any aid whatever, from continued sickness; while another had his hands full in attending to his personal interest, as superintendent of the largest eleemosynary institution in the State. Thus two members of this committee were virtually paralyzed for any practical assistance.

" Thus the outlook was anything but encouraging, though an inspection of the roster of the Senate and House showed that our profession had ten representative members, two in the Senate and eight in the House, a majority of them regular graduates, and strongly imbued with the importance of a change in the law regulating the practice of medicine and surgery in the State.

" Your committee was further astonished to learn that while few, if any, were members of this Society, they were very radical in their views, and perhaps more so, if anything, than some of the members of this organization.

" Another observation, which soon become patent was, that their radicalism might endanger the ultimate passage of any medical bill whatever.

" This new phase was so extraordinary and unexpected that your committee was for a time nonplussed as to their action.

" However, after a careful survey of the environments, your committee deemed it prudent not to introduce their bill, although it had been some days in the hand of one of the members of the House for that purpose because he learned that Dr. M. H. Buchanan, a Representative from Pope county, had a bill prepared and ready to be presented which was regarded as a much better and more favorable bill than the one your committee had intended presenting.

" As your committee had but a single object in view, and it was immaterial to them how that object was obtained, they having no personal aggrandizement in the matter, other than the use of any and every available means under their control to accomplish this one great purpose—that of indirectly engineering a bill through the Legislature that would afford us a more rational medical law than the one of 1881.

" Dr. Buchanan's bill was a radical one, requiring that hereafter only graduates of a *three-term* medical college, of six months each, should be permitted to practice medicine and surgery in the State of Arkansas. The design and method of the practical execution of this bill was not altogether well defined.



“ However, your committee, though they did not entertain the belief that this bill would pass were prudent and politic and in no wise antagonized, but gave it encouragement and aid in every possible manner.

“ This bill had been unanimously reported favorable by the House Committee on Medical Legislation, all the members of which were honorable practicing physicians, and it passed its second reading without much comment.

“ When read the third time and put upon its final passage, it aroused a *perfect avalanche of opposition*, and would have been irredeemably knocked out in the first round and killed had it not been for the shrewd parliamentary tact of Dr. B. N. Williams, Representative from Washington county, who perceiving its inevitable slaughter, through the vindictive assaults of the opposition, moved its reference back to the committee for reconsideration and correction. Your representative went immediately to Dr. Williams and urged him to obtain the assistance of the Committee on Medical Legislation in the reconsideration and reconstruction of this bill, the most influential member in the House, and to so amend the bill to conform to this gentleman's views, that he would pledge himself to give it his hearty approval and support when it came up again on its final disposition. This was done, and the bill as amended passed the House with but few negative votes.

“ The bill having passed the House with such large majority, it was but natural to suppose that it would without serious opposition pass the Senate. Your committee were so thoroughly impressed with this belief, that with the pressure of their many duties and demands upon their time, had only at intervals solicited action in its behalf. This conviction came within a thread, as it were, of its destruction, for when the bill came up for its third reading and final action, it resulted in a tie ballot. This was near the close of the session, as the day and hour of the final adjournment of the General Assembly had been agreed upon, and was but a few hours in the future. The bill passed the Senate, and when the ninety days limit expired

from and after its approval, it becomes the law of the State on the 14th day of July next.

"It is unnecessary to comment upon this act entitled 'An Act to Define the Qualifications of Physicians and Surgeons Practicing in the State of Arkansas,' in anyway. It will in time speak for itself, and while it is not altogether what your committee hoped to obtain, it is more than could have been anticipated, considering the obstacles that confronted and hampered them at the outset—the late ethetic complaint of the editor of this journal notwithstanding.

"R. G. JENNINGS, M. D.,  
"Chairman."

The report was adopted.

Dr. Hatchett read the report on medical education, as follows:

REPORT OF COMMITTEE ON MEDICAL EDUCATION.

"*Mr. President and Gentlemen of the Arkansas Medical Society:*

"Owing to circumstances, I did not know until a few days since that I had been made chairman of your Committee on Education. The time then intervening until this meeting was too short to allow of any communication with the members of the committee, for the purpose of obtaining their ideas as to what should be incorporated in our report. This will serve in part as my apology for presenting you so short and so imperfect a paper on this important subject. My further apology is, that I do not feel able to introduce anything new, or anything of importance that has not been commented upon by former chairmen of this committee. And still a further excuse, I regretfully add, is that it seems almost useless, judging from the present state of affairs, and after all that has been said and done, to persist in the effort of elevating the general standard of the ordinary medical man; or of checking the sweeping epidemic of quackery that is spreading over our country.

"As enlightened physicians we are compelled to fall in with the pessimistic thought, as expressed by a former chairman of this committee:

3—M. J.

“ ‘Instead of improving, the condition of affairs is growing worse and worse, and as this continues, the classification of medicine among the learned professions becomes more and more a fiction.’

“ The subject of medical education, it is agreed, is of the greatest personal importance to every one—to the physician in the practice of his profession, to the student who contemplates studying for the profession, and to the layman who has the pride of his country at heart, a sympathy for human suffering, or who may himself at any time require the services of a doctor.

“ The status of the subject as affecting all three of these classes has, as before stated, been gone over year after year in this Society—one committee pointing out the great lack of medical attainment among members of the profession; another, showing the evil results of the existence of so many medical institutes of learning, their inferior advantages for proper instruction, their ceaseless grinding out of hordes of ignoramuses with so-called diplomas for the purpose of preying upon an unsuspecting public, etc; and still another, suggesting means and formulating plans by which these evils are to be, or should be, corrected. So that I would recommend as the best way of gaining a full insight to the question as considered by the brightest medical minds of this State, a careful perusal of the reports of this committee during the past six years.

“ I have recently seen a very interesting collection of facts regarding medical education gleaned by Dr. Bayard Holmes, from proof sheets of the United States Educational Report for 1889-'90. In this Dr. Holmes shows that during the last decade the attendance at regular schools has increased 26 per cent.; attendance at eclectic schools 2 per cent., and at homeopathic schools has fallen off 3 per cent. Among a hundred thousand inhabitants in the United States there are twenty-four students of medicine; in Germany there are eighteen per hundred thousand, and in France seventeen. He shows that the average time of actual study for American medical students before graduation is less than eighteen



months. He demonstrates that the relative number of medical students holding degrees in letters or science has considerably fallen, and suggests as reasons :

“ ‘Medicine does not pay. The study of medicine is not attractive. The conduct of medical schools makes medical education repulsive and uncongenial to an uneducated man. The instructors in colleges and universities do not encourage men to take post-graduate studies in medicine. University corporations do not credit work done in medicine, and reward it as they do in other departments.’

“ Dr. Shrady, commenting upon these statistical facts, draws some striking conclusions, a few of which I may be allowed to quote :

“ ‘The average course of study in the United States is still less than eighteen months. The education of the average medical student is superior to that of ten years ago, but the ratio of matriculates having degrees in science or art is actually diminishing, even in the richest, best located, and only endowed medical schools. Medicine is neglected by the benevolent and by the State. From the former it has received almost nothing, and from the latter not a tithe of what has been lavished on technological schools ; and this in spite of the fact that the State and all benevolent institutions have put a heavy task of gratuitous and often compulsory service on the medical profession. The medical schools are wasting their substance by keeping their doors shut half the year, and they are degrading the profession by allowing uneducated men to matriculate and uncultured men to graduate. The laws which allow the diploma to become a license to practice put the short term and non-requirement schools in a position to dictate to the schools that offer a medical education in place of a degree.’

“ The reforms needed are evidently many, and of a radical character. Some of these Dr. Chaillé mentions, as follows :

“ ‘Proofs of adequate preparatory education should be demanded of every student seeking admission to a medical college ; graded courses of at least three years should be enforced ;

greater attainments should be required for graduation; the sessions should be lengthened; the corps of teachers should be increased; well-equipped laboratories and other educational agencies should be provided, and professors should be paid fixed salaries, so that they would not be dependent upon the number of students for their daily bread, and therefore would not be tempted to keep the standard of medical education as low as now contents, to its great detriment, an inappreciative public.'

"These reforms are kept in view, and are being acted upon by many of the best institutions of our country, but the good thus accomplished is more than being counteracted by the charlatanically conducted, and mercenary so-called colleges springing up in almost every village in the United States.

"These facts, gentlemen, present to my mind a very sad state of affairs. Couple them with the knowledge we all have of the enormous increase of the tendencies towards quackery among so-called regular practitioners; of the many times multiplied votaries of every conceivable kind of 'pathy,' of the great armies of men now engaged in the practice who kill their patients and have not sense enough to even understand why they died. Combine the knowledge we have of these things and blushes will suffuse our cheeks, and we can but exclaim shameful. Who dares believe that a large part of the population of the United States is not today suffering from as great superstition, and its medical needs are being attended by a class more hurtfully ignorant, or vilely charlantic than at any period during the darkest days of pagan supremacy.

"What the future shall bring I dare not hazard an opinion. Though pessimistic as I may appear, I hope for better things; and this hope is founded, not upon the prevalent tendencies of the times, but upon the belief in the principle of the ultimate supremacy of right.

B. HATCHETT, M. D.,

*"Chairman."*

The report was adopted.

Dr. Minor introduced the following:

"WHEREAS, The Hot Springs Medical Society, the Cham-

ber of Commerce and Mayor of Hot Springs, the Business Men's Club of Hot Springs and His Excellency the Governor of the State of Arkansas, have each, upon thorough investigation, through committees specially appointed upon ways and means, seen fit to invite the American Medical Association to hold its annual meeting in 1894 in the City of Hot Springs, Ark.,

*"Resolved,* That the Arkansas Medical Society instruct its delegates to the American Medical Association to express its hearty approval of the action and extend an additional cordial invitation from the profession of Arkansas. Be it further

*"Resolved,* That a committee of three be appointed to draft formal invitation to the American Medical Association."

The resolutions were adopted, and the President appointed Drs. Minor, Lawrence and Gibson the committee to prepare the invitation.

Dr. Hatchett moved that the Society adjourn, and that the Section on Surgery convene at 11 o'clock. Carried.

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FRIDAY, JUNE 2, 1893.

The Society was called to order at 9 o'clock, President Jelks in the chair.

The Secretary read the names of the Nominating Committee, as follows:

NOMINATING COMMITTEE.

- E. Bentley, Little Rock Medical Society.
- Z. Orto, Jefferson County Medical Society.
- J. C. Amis, Sebastian County Medical Society.
- T. E. Holland, Hot Springs Medical Society.
- H. Owen, Jackson County Medical Society.
- D. I. Jones, Lee County Medical Society.
- J. B. Crane, Independence County Medical Society.
- John Bolinger, Boone County Medical Society.
- W. R. Brooksher, Marion County Medical Society.
- Adam Guthrie, Jr., Cleburne County Medical Society.
- E. A. Baxter, Izard County Medical Society.



J. R. Cason, St. Francis County Medical Society.

John Johnston, Sharp County Medical Society.

G. W. Granberry, Lonoke County Medical Society.

The committee appointed to prepare the invitation to the American Medical Association, reported the following form :

INVITATION TO AMERICAN MEDICAL ASSOCIATION TO MEET AT  
HOT SPRINGS, ARK., IN 1794.

*"To the American Medical Association in Session at Milwaukee,  
Wis.:*

In compliance with the instructions of the Arkansas Medical Society, at its eighteenth annual session, held at Batesville, May 31, June 1, 2, 1893, we take pleasure in transmitting the following preamble and resolutions, unanimously adopted on the 2d day of June, 1893.

"WHEREAS, The Hot Springs Medical Society, the Chamber of Commerce and Mayor of Hot Springs, the Business Men's Club, and His Excellency the Governor of the State of Arkansas, have each, upon thorough investigation through special committees appointed for the purpose, decided to invite the American Medical Association to hold its annual meeting in 1894 in the City of Hot Springs, Ark.; therefore,

"Resolved, That the Arkansas Medical Society heartily approves the action already taken, and in behalf of the medical profession of Arkansas extends a cordial invitation to the American Medical Association to hold its next annual session in Hot Springs, and hereby instructs its delegates to that association to urge the acceptance of our invitation, promising that we will spare no effort to make its visit to our State and the Southwest both pleasant and profitable.

"———, *President.*

"———, *Secretary.*"

The report was adopted.

The special committee appointed to audit the report of the Treasurer reported that they had examined his account and found it correct.

The Secretary stated that he had received by mail the addresses of the chairmen of the Sections on Gynecology and

Practice, respectively. They were, on motion, referred to the Publication Committee.

The Secretary read the resignation of Dr. S. R. Cates, who had removed from the State.

On motion of Dr. Orto, the resignation was accepted, provided all dues had been paid.

The committee appointed at the last annual session to revise the Constitution, reported as follows:

"The committee appointed to revise the Constitution and By-laws beg leave to report that they have had the subject under consideration, and have concluded that the present Constitution and By-laws, with various amendments, and decisions of the Judicial Council, are so complicated and in instances conflicting, that nothing less than a new Constitution and By-laws will answer. We, therefore, propose an entirely new organic law, and as the document is not at this time in a suitable form for presentation, we ask leave to propose a new Constitution and By-laws at this time, with the request that we be given the privilege of publishing the same in *THE JOURNAL* as soon as we can complete the necessary labor. In order to comply with the constitutional provision that no amendment or alteration shall be made in any articles of this Constitution except at the annual meeting next subsequent to that at which such alteration or amendment may have been proposed, we offer the following:

"*Resolved*, That the Constitution and By-laws be amended by making such changes and alterations as may be prepared by the Committee on Revision, and published in *THE JOURNAL* of the Society at least six months before the next annual meeting, and that said committee be continued.

"L. P. GIBSON, *Chairman*."

The report was adopted.

The report on State Medicine was referred to the Publication Committee without being read, the chairman being absent.

A recess was taken until 12 o'clock.

The Society reconvened at noon.

Dr. D. A. Gray offered the following :

"*Resolved*, That the thanks of this Society be extended to the members of the medical profession of Independence county and the citizens of Batesville for their cordial and generous hospitality during the session now drawing to a close ; and we assure them our memories will ever be associated with the aroma of sweet flowers, the smiles of beautiful women, and the genial welcome extended us by her warm-hearted sons.

" D. A. GRAY,

" G. W. GRANBERRY."

Unanimously adopted.

The Nominating Committee submitted the following report :

" MR. PRESIDENT : Your Nominating Committee respectfully report the election of officers as follows :

PRESIDENT :

D. C. EWING, *Batesville.*

VICE-PRESIDENTS :

*First*—ADAM GUTHRIE, JR., *Quitman.*

*Second*—W. W. BAILEY, *Fort Smith.*

*Third*—D. I. JONES, *Haynes.*

*Fourth*—E. A. BAXTER, *Melbourne.*

SECRETARY :

L. P. GIBSON, *Little Rock.*

ASSISTANT SECRETARY :

A. B. LOVING, *Pine Bluff.*

TREASURER :

A. L. BREYSACHER, *Little Rock.*

LIBRARIAN :

R. B. CHRISTIAN, *Little Rock.*

TRUSTEES OF THE JOURNAL :

P. O. HOOPER, *Little Rock.*

J. H. SOUTHALL, *Little Rock.*

J. A. DIBRELL, JR., *Little Rock.*



SECTION ON PRACTICE OF MEDICINE :

*Chairman, B. HATCHETT, Fort Smith.*

*Secretary, J. C. AMIS, Fort Smith.*

SECTION ON SURGERY :

*Chairman, EDWIN BENTLEY, Little Rock.*

*Secretary, D. A. GRAY, Little Rock.*

SECTION ON OBSTETRICS AND GYNECOLOGY :

*Chairman, Z. ORTO, Pine Bluff.*

*Secretary, J. P. RUNYAN, Pine Bluff.*

NEXT PLACE OF MEETING :

Pine Bluff was selected in case the American Medical Association did not accept the invitation of Hot Springs. In case the National Association was to meet in Hot Springs in 1894, then the State Society would meet in Little Rock.

The time of the meeting was left to the Secretary, and the report was adopted.

On motion, a committee of two was appointed to conduct the President to the chair.

In retiring from the chair, Dr. Jelks thanked the Society for the consideration shown him during his term of office, and Dr. Ewing, in assuming the office of President, expressed his surprise at and appreciation of the honors that had been conferred upon him.

On motion of Dr. Holland, the Society adjourned until the next annual session.

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THE SECTIONS.

The minutes of the Sections will appear in the next number.

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THE UNIVERSITY OF COLORADO announces that on and after the first of September, 1895, attendance on four annual lecture courses of nine full months in length will be required of all candidates for graduation.

## Miscellany.

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### A Method of Passing a Sound Through an Apparently Impassable Stricture.

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In strictures apparently impassable for a sound or bougie even of the finest calibre, it is recommended (*La Semaine Medice*, No. 1, 1893), to inject equal parts of a 4 per cent. solution of cocaine and one of sublimate, 1 per cent., into the urethra, compressing the penis somewhat in advance of the stricture with the thumb and forefinger of the right hand. Then the sound or bougie is introduced, the compression preventing the escape of the fluid. It is said to be astonishing with what ease the instrument will sometimes penetrate. This is probably due to the funnel-shaped distension of the urethra in front of the stricture. Possibly the cocaine contributes to the result, by reducing, to an extent, the congestion of the mucous membrane.

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### Two New Local Anæsthetics.

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The muriate of tropa-cocaine, or tropsin, is a substance obtained from the Java coca, and said by Prof. Schweiger to have a local anæsthetic action resembling that of cocaine. It is weaker in action, but it causes anæsthesia more rapidly.

Eugenol-acetamide is recommended as a new anæsthetic. As crystalized from water it occurs in lustrous scales; from alcohol it occurs in fine needles, melting at 110° F.

This compound, when applied in the form of a fine powder, produces local anæsthesia without any caustic action, similar to cocaine. This anæsthetic effect, in connection with the strong antiseptic properties of eugenol-acetic acid, secures a place for this new amide in the treatment of wounds.—[*New York Medical Record*.

# PHARMACY.

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This Department is conducted by the Secretary of the Arkansas Board of Pharmacy, to whom all communications relating to it should be sent. Address,  
MR. W. W. KERR, Russellville, Ark.

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## The A. P. A. in 1894.

Before this copy of THE JOURNAL reaches our readers the question will have been decided whether the Forty-Second Annual Meeting of the A. P. A. is to be held in Hot Springs in 1894 or not. If that should be the conclusion it will devolve upon the Arkansas Association to take the lead in the matter of entertaining her distinguished guest. While the matter will probably fall into the hands of the Executive Committee, in connection with the local committee of arrangement, every member of the Association should feel himself a committee of one to assist in the work, and the columns of this JOURNAL will be the proper place through which to discuss the ways and means, and we want it understood that they are open for that purpose.

### CONSTITUTIONAL AMENDMENTS.

At the last meeting of the Association some important amendments to the Constitution were proposed, which under the rule lie over until the next meeting, when they will come up for action.

One of these abolishes the membership fee of \$2 heretofore required, and leaves the annual dues, \$2 per year, the only source of revenue we have. It also takes so much of section 4, article 8, as refers to the amount and manner of payment of annual dues from the Constitution and places it among the By-Laws, so as to admit of being altered at any meeting. This is an important change and should engage the serious thought of members in the interim, and provoke a discussion of the subject through these columns. We invite expression of opinion through THE JOURNAL for or against, with reasons.

### THE PHARMACY BOARD.

It may be of interest to the registered pharmacists throughout the State to learn something about the work of the State Board for the year ending with the last meeting in May.



Twenty-nine applications for registration by examination have appeared, of which number seventeen were successful, and one has been registered upon his diploma from the Louisville College of Pharmacy.

The total number of registered pharmacists in the State to date is 827. Of this number 783 registered under section 6, of the law, and 43 by examination. Of the latter class most are young men who have turned their attention to pharmacy as a profession and with the view of making it their life work, and consequently have studied it closely and are fully qualified to assume the grave responsibility attached to it.

Most of those who have failed on their first trial have come a second time and even a third, until they did succeed, thus evincing a determination and perseverance that argues well for their future success as pharmacists.

There is no sort of doubt that there is a gradual but certain improvement in the class of men who are dispensing physic to the good people of Arkansas, and the time is not far distant when they will see and appreciate the advantages gained to them.

#### COMMITTEES' REPORTS.

A notable feature of the last meeting of our Association was the absence of reports from some of the most important committees. This feature has been growing on us for some years, and it is a grievous fault—a backward step. We call to mind the Committee on Trade Interests, for instance. There was a time when the reports from this committee constituted one of the most useful and interesting things on our programme. We recollect when Goodwin, Moore and Sapp were chairmen, that they sent out circulars all over the State, and secured information as to the condition of the drug trade in the different sections, and compiled them into reports that, based as they were on facts obtained on the ground, placed the situation before the Association so clearly that we were in a condition to profit by the knowledge so gained, and thus fulfill one of the greatest missions of our organization. For the last two years that committee has been dumb as an oyster, and so far as any in-

formation derived from that source is concerned, there has been no trade interests in Arkansas for that length of time. This should not be thus, and we hope the present committee will break the record and give us a full report at Hot Springs next year. Mr. President punch 'em up.

The Committee on Drug Adulteration has made a report every year, which for brevity and perspicuity has excelled any literature of its kind that has come to our notice. Two words, "no report," has always told the tale.

To this committee is intrusted the work of looking into the drugs, chemicals and preparations that come into our stores from the jobbers, and see if they come up to the United States Pharmacopœia standard, and if not, in what they are deficient.

Now, there is no more important subject that can engage the attention of any of our members, and all should assist in this work, but it is to this committee we look to take the lead, and if they will do so, we can guarantee them all necessary assistance from members they want.

Come to the front, gentlemen, and surprise yourselves and the Association by making a report next year on, say half a dozen of the commoner chemicals.

#### PAY YOUR DUES.

There seems to be a gradual falling off in the number of members who pay their dues to the Association each year, and of course in the revenue, while the expenses of running the machine grow greater all the while. It does not require a very expert mathematician to reach the conclusion that it is only a question of time when she must "make an assignment." However fashionable that course may have become in these latter years with private individuals and corporations, it would be found in this case, that with all liabilities and no assets, even the assignee would not be "in it," and so its collapse would not even be "in style." Seriously, it is becoming a vexatious problem to know how our dues are to be collected. Those who attend our meetings of course pay up, but it is getting to be the fact they are about all who do.

In listening to the roll-call of the long list of delinquents,

one is struck with the great number of names of those who evidently do not pay from sheer negligence. They can do so; want to retain their membership; intend to retain it, but yet who do not pay up. They receive a notice from the Treasurer, and say, "I will attend to this *tomorrow*," put it in their pocket and forget it. They do not treat the "please remit" from their jobber in this way, but have no peace of mind until they either send in the money or "arrange." Now, the money due the Association is as binding an obligation as that due the jobber, and should be paid as promptly, and the same methods should be used by the Treasurer for its collection that are adopted by the jobber; that is, after due notice draw on them through the banks. Look out, gentlemen, patience sometimes ceases to be a virtue, even with so urbane a gentleman as Treasurer Jungkind.

#### ASSOCIATION PROCEEDINGS.

The proceedings of the last meeting were stenographically reported by Mr. G. E. Rider, stenographer for the United States Court at Fort Smith, to whom the Association is largely indebted for special favors.

The Committee on Publication was authorized to secure advertisements from reliable houses for insertion in the volume, in the hope of being able thereby to secure funds to enable them not only to publish the full proceedings, but to send a copy to every registered pharmacist in the State as well as to all the other State Associations, Colleges of Pharmacy, etc. This is a long step forward, and it is to be hoped the committee will be able to carry out the wishes of the Association. By this means members who are unable to attend will get an idea, not only of what was done but what was said, thereby bringing the meeting to them. It will have the effect, too, of stimulating a greater interest in our work and inducing them to attend the next meeting. At the same time, the outside world will see more of what we are doing, and we are sure, will have greater respect for us. By all means let the full proceedings be published.



## Pharmaceutical Notes.

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### SYRUP IODID OF IRON.

The *Druggist Circular* takes the following working process for making this syrup, from a foreign journal : " Thirty parts of iodine and 100 parts of water are rubbed together, with the gradual addition of 15 parts of finely powdered iron, and kept so until reaction is complete. The liquid is then filtered into a flask containing 450 parts of sugar, and the filter washed with water. It is then heated, filtered hot, allowed to cool, again filtered and made up to bulk."

### SALOL EMULSION.

The same journal gives the following formula :

Salol.....	1 dr.
Powdered gum arabic.....	1 dr.
Powdered tragacanth.....	10 grs.
Tincture tolu.....	2½ drs.
Syrup of tolu.....	1 oz.
Water to make.....	3 oz.

Triturate the salol with the powdered gums, and make into a cream with water; to this add the syrup. Pour the tincture into the rest of the water, and mix with the first portion.

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ANTIPYRINE HABIT, it is said, may be cured by gradually reducing the dose, and substituting cocoaine, upon the principle, it is presumed, of throwing the patient into fits, and anybody can cure the fits.

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ICTHYOL is said to have properties similar to cocoaine when used hypodermically.

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IZAL is the name of a new disinfectant of *Hinglish* origin.

### List of Committees, 1893-94.

*Arrangements.*—M. A. Eisele, Hot Springs; W. L. Carr, Hot Springs; R. B. Bancroft, Hot Springs.

*Publication.*—J. W. Beidelman, Little Rock; E. E. Shendal, Hot Springs; J. M. Anderson, Pine Bluff.

*National Formulary.*—Charles B. Gannaway, Fort Smith; Robert Holderness, Fordyce; F. E. Sapp, Brinkley.

*Membership.*—E. H. Nortoni, Little Rock; O. Halliburton, Little Rock; W. C. Johnson, Little Rock; W. F. Blocker, Fort Smith; Ed. N. Merriman, Fort Smith.

*Pharmaceutical Display.*—J. B. Bond, Little Rock; A. L. Morgan, Camden; Marcus Hulse, Fayetteville.

*Executive.*—J. W. Morton, Fort Smith; W. W. Kerr, Russellville; L. J. Ashby, Little Rock; J. B. Airhart, Lonoke; R. W. Dashiell, Morrilton.

*Legislative.*—W. W. Kerr, Russellville; J. H. Mann, Pine Bluff; W. A. Robinson, Texarkana.

*Pharmacy and Queries.*—J. A. Ginocchio, Little Rock; F. G. Kerr, Van Buren; J. N. Rector, Nashville.

*Trade Interest.*—John Schaap, Fort Smith; J. F. Dowdy, Little Rock; J. S. Ingram, Pine Bluff.

*Adulteration of Drugs and Chemicals.*—W. H. Skinner, Pochontas; A. C. McAdams, Arkadelphia; Lee Miller, Malvern.

*Pharmacopæia.*—F. G. Kerr, Van Buren; Ed. Mitchell, Little Rock; J. M. Colburn, Little Rock.

### Legal Control of "Patent Medicines."

A bill is pending in New York to give the State Board of Health the power to analyze patent or proprietary medicines. Receipt of a fee of \$50 makes it compulsory upon the Board to make the analysis.

Another bill has been introduced making it a misdemeanor to sell or offer for sale such compounds; not prescribed by a physician, without the approval of the State Board of Health.  
—[*Medical News.*

THE  
**JOURNAL**  
OF THE  
**ARKANSAS MEDICAL SOCIETY.**

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**Original Articles.**

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**Address on Practice of Medicine.**

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BY D. H. STAYTON, M. D., CHAIRMAN, SEARCY.

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[Read by title (the author being absent) in the Section on Practice of Medicine at the Eighteenth Annual Session of the Arkansas Medical Society.]

*Fellows of the State Medical Society:*

It is our happy lot to again meet in annual conclave. We have passed another mile post in the history of organized medicine in Arkansas. What progress have we made? Doubtless during this past year we have each had our successes and failures. Did I say failures? Let me say instead, disappointments, for I belong to that class of individuals who do not regard every disappointed expectation as a failure; and why? Because each one has its lessons for good. As a society we have much for which to feel thankful. The mortuary report will show but few absentees on account of final discharge. The register of births will show nearly a score born on our own soil, of our own kith and kin. Others besides have been added to our roll, until today in Arkansas we have quite an army of doctors. I am not a pessimist, and am not here to tell of the ills, past, present or in future (if ill there be) during the past year.

Under the protecting hand of an All-wise Providence, we



have had no severe epidemics. By the well-directed efforts of our confreres on the coast and near interior, cholera has been kept from our homes.

Catarrhal troubles have been less widespread and easier to control. I don't know that phthisis is on the increase. The passage of House Bill No. 100 is a step in the right direction.

Now how much of this is due to organized medicine?

To you who are before me, allow me to say, your presence on this occasion bespeaks the interest you have in the profession you have adopted. Your faces bright with hope, your earnest expressions of intelligence, show full well the great interest you feel in this grand and glorious calling. The practice of medicine! What a field of usefulness. He who would take himself to this holy calling should be prepared to minister to the relief of all the ills and aches to which flesh is heir. In the districts where most of us practice there are no specialists, and to practice medicine is to practice the healing art. Recognizing the great responsibility upon us, it would be well to take earnest heed to the preparation of those who are to come after us.

Allow me to say that too often not enough attention is given to this. The same haste is seen in building our medical colleges. Too little wisdom is shown in selecting schools. Too often convenience and cheapness is considered in lieu of fitness for training. In the church "like priest, like people," is an old saw, and will it not hold good in our profession too? Why is it that our annual meetings are so poorly attended? Why is it that there is not an active, working society in every county in this State? Some one has said it was pure "cussedness." From this I dissent. I would rather think it was because all doctors are not educated up to the point to appreciate them. There are many doctors yet in our State who regard medical societies as alone for the purpose of regulating fee bills. They do not know that it is here we meet, compare notes, recount our successes, tell by what means success was attained and have our erroneous ideas corrected. Hence it is that all our discussions should be conducted with

the kindest of feelings, for are we not all earnest inquirers after truth? Success is the goal for which all commendable ambition strives, and though the road to that goal be strewn on either side with disappointments, the hope of success still cheers us on to higher and nobler efforts. Now what is success in the practice of medicine, and how to attain to it, are questions to us of vital import. Not to cure every case committed to our care, for if this alone be success, then not one of us will attain thereto. An old man who had spent more than two score years in mixing and dealing out pills, powders and such, said it was the easiest thing in the world to succeed in the practice of medicine—that a man had only to learn two things to be master of the situation. One was to tell what was the matter, and t’other how to cure it. Now, I submit that there is much of truth in this error.

Fellows, I believe it is with us to make our profession a success. Had I the time I would not presume to be competent to tell all the means to this end. Now, as it is a well known fact that in union there is strength, we may not hope to accomplish good by divisions born of jealousies in our own ranks. No one ever advanced his own cause permanently by injuring his fellow. ’Tis true there are “shisters” in medical circles, so were there tares in the wheat of old, a Judas among the Apostles.

I counsel you as a means to this end, to love your profession as you do your wife. Guard its every interest as you would the virtue of your mother. As a further means to this end, we need a good supply of all the personal virtues. Manliness, a standard of action in every mind, and there is perhaps less difference in different minds in regard to this than any other personal virtue. It is a noble, generous and unselfish disposition that all demand of others.

And honor, the tap root of true character, and its legitimate fruit, a good reputation. The eagle can perch upon the loftiest crag and there in safety plume its wings for bolder flights, through fields, above clouds and storms, in regions all its own. The scaly lizard may wriggle his way up to that dizzy height,

but he is a lizard still. He dares not attempt a flight beyond nor can he long maintain his place, he must wriggle his way back as he came or fall and lose his worthless life. Integrity is born of honor and is a consistent compound of excellencies. Very much do doctors need self reliance, for it is the self reliant only who can help others, and to be able to help the helpless is a potent factor in our success. Above all men, doctors should be frank. Wear no masks. Dress not to suit the company. Be every day alike a gentleman. Faithfulness, an ever-watchful guardian of all trusts, and the strong bulwark against disappointments. So do we need kindness, it is the most effectual method of making friends, as well as the surest, best and cheapest method of conquering an enemy. Cheerfulness will give luster to the eye, light to the countenance, sweetness to the expression and music to the voice that will serve you well. And patience, which is more talked of than practised. And yet no one makes more calls on his patients, is called on more by his patients and makes heavier demands on his patients than the doctor. By the way, the most potent factor in a doctor's success is patients. Moral courage is the highest type of human bravery and very well will this serve the doctor. It dares to do right because it is right—standing firmly for the right against all opposing forces, carrying forward its measures so as to succeed against the least opposition.

And what profession is there in which chastity is more necessary? Chastity in word, thought and conduct. To use unchaste language, ill becomes one to whom even the small boy looks for an example. Ten men, says Horace Man, have failed from defects in morals where one has failed from defect in intellect. Nor need we be like the Lydian King of fabulous history, always in sight and yet not able to enjoy success. Plunged into the water, overhung by tempting fruits and yet not able to reach the fruits to satisfy his hunger or stoop and quaff the sparkling water to cool his thirst.


With us success is a fact of every day life. The best our patients have is set before us, fried ham and eggs, the cleanest bed on the place is spread for the doctor. The blessings of



the poor and the coin of the rich are his heritage. To be successful in the practice of medicine, is to treat judiciously all cases committed to our care, and with that kindly intelligence and commanding dignity that is born of a consciousness of the great responsibility resting upon us. Not by reckless experiments, but by a scientific application to each case such remedial agents as a mature judgment will suggest, at all times demanding a scrupulous adherence to directions in administering the remedies selected, and last but by no means least, a prompt settlement of all bills.

And now, fellows of the State Medical Society, to you who will contribute to make this session a success, to one and all, may you and each of you have a Benjamin's portion of *patients* and make an abundant success of the practice of medicine.

### **Report of Eleven Cases of Laparotomy.**



BY J. P. RUNYAN, M. D., PINE BLUFF.

[Read in the Section on Surgery at the Eighteenth Annual Session of the Arkansas Medical Society, held at Batesville, May 31 to June 2, 1893.]

In reporting the cases making the subject matter of this paper I am actuated by a desire to advance the interests of our profession. And I do so regardless of rhetorical flashes, giving merely a plain statement of facts, believing you will bear with me and give the subject that consideration it deserves.

In this paper I will include seven operations by myself and four others done by three surgeons of my town, whose names I will mention later on.

The operations made were most of them under many circumstances appalling to one whose ideas were shaped by the teachings of the extreme exponents of the antiseptic school—some in dirty and filthy hovels and surroundings that might readily have made one hesitate.

The successful results in the cases reported, which are all

the cases operated upon by myself, as well as the other gentlemen, to be named further on, show what can be done by keeping the field of operation thoroughly aseptic even under the most adverse circumstances.

The cases to be reported consist of, say : 1, Hysterectomy and oophorectomy ; 3, Tait's operations for fibroids ; 1, dermoid of broad ligament ; 1, pyosalpinx with cystic ovaries ; 1, herniotomy ; 1, cases of cystic ovaries, prolapsed, with adhesions ; 1, laparotomy for gunshot wound of abdomen, with four perforations of gut ; 1, purulent ovarian cyst ; 1, oophorectomy and salpingectomy for cystic ovaries and hydrosalpinx and hematosalpinx.

CASE No. 1.—F. McL., aged 28 years, had suffered three years with profuse and very painful menstruation. Anemia profound. Advised operation, which was consented to.

On May 7, 1892, with the assistance of Drs. Thompson, Banks and Noel, I opened the abdomen in the median line, when it was found that the ovaries were the subject of cystic degeneration. They were tied off, seared with the thermocautery and dropped. The uterine body, a mass of fibroid degeneration, was drawn out and encircled by an elastic ligature, transfixion pins were introduced and uterus removed, peritoneum sutured around the stump, which was dressed extra peritoneally.

Part of the stump external to ligature was removed on eighth day, after which healing of surface so left took place by granulation. Recovery complete. No menstrual period since the operation. Sexual desires unimpaired.

CASE No. 2.—E. M., aged 25 years, had suffered with menorrhagia and dysmenorrhoea, as well as dyspareunia, for three years. On examination, found ovaries very large and tender, uterus retroverted and bound down. Her suffering with each menstrual epoch was very severe, undermining her health to an alarming extent, making her very nervous indeed.

December 13, 1892, with the assistance of Drs. Pendleton, Banks and Noel, I opened the abdomen and found the ovaries degenerated with a hydrosalpinx on one side and a hematosal-

pinx on the other. The ovaries and tubes were removed, the abdomen flushed with hot sterile water, glass drainage tube introduced and the wound closed with silk-worm gut. Drainage tube removed on third day. Recovery complete and uninterrupted. No further menstruation since operation, and complete relief of symptoms.

CASE No. 3.—J. H. A., aged 40 years. First noticed tumor eight years ago, which gave but little trouble till size of abdomen increased to great proportions, causing at times distention of bladder from retention of urine and other troublesome symptoms such as pain in the back, constipation, etc.

On examination found abdomen enlarged to size of pregnancy at term. Fluctuation could be elicited. March 7, 1893, assisted by Drs. Goree, Pendleton and Banks, I made an incision in the median line from umbilicus to pubis down to peritoneum, when it was found closely and very firmly adherent to the tumor. The peritoneum was incised down to tumor wall and by means of the fingers torn loose from the tumor. The tumor was found firmly adhered to uterus, bladder and a considerable amount of the omentum, and one place to the gut. Large omental adhesions were tied off in sections and a considerable portion of omentum removed. After breaking up all the adhesions with the hand, which required a great deal of patience and care, the cyst was tapped and something more than one-half a gallon of thin purulent fluid drawn off. Cyst wall was then drawn out, pedicle, which was of moderate length, was tied off in two sections with sterile silk, stump cauterized and pedicle dropped. Glass drain tube was then introduced after flushing the cavity with hot water. Wound closed with silk-worm gut. Tube removed on fourth day. Stitches removed on twelfth day. Recovery uninterrupted and complete.

CASE No 4.—M. C., aged 35 years. Had suffered five years with severe dysmenorrhoea and menorrhagia, pain in back, etc. Examination revealed a mass, hard and tender, lying to the left and closely adhered to the uterus. Thinking to relieve her symptoms by the induction of the menopause, an operation for the removal of the ovaries was advised.



March 20, 1893, with the assistance of Drs Orto, Goree and Pendleton, I opened the abdomen and found the tubes very much inflamed and enlarged, the ovaries cystic and a small fibroid of the uterus which was shelled out of its bed and the peritoneal surfaces brought together and sutured. Both ovaries and tubes were also removed, abdomen flushed and wound closed. Drainage tube introduced, and removed on fourth day. Recovery perfect with relief of symptoms. No menstruation since the operation.

CASE No. 5.—Mrs. L., aged 26 years. Suffered two years with severe pains, referred to lower abdominal region aggravated by sexual intercourse. Menses regular and comparatively painless. On examination a mass was felt on the left of uterus exquisitely tender without any fluctuation. Operation advised to which she consented.

April 20, 1893, assisted by Drs. Goree, Pendleton and Banks, I performed laparotomy, removing this tumor, which on examination was found to be dermoid of the left broad ligament the size of a goose egg. On opening the cyst it was found to contain a mass of oleaginous matter with quite a considerable quantity of hair, the hair being about eight or ten inches in length. Both ovaries were found to be very much degenerated and with the tubes were removed. The cavity was flushed and drainage tube introduced and wound closed with silk-worm gut sutures. Dressing removed for the first time fifteen days after the operation, when the stitches were removed and wound found to have healed by first intention. The patient perfectly relieved of all symptoms and in perfect health at present.

CASE No. 6.—V. L., aged 30 years. Suffered two years with pain in back, dysmenorrhoea and pressure symptoms, due to an enlarging mass in abdomen, which, on examination, felt hard and could be felt to be connected with the uterus.

She wanted an operation performed, which I did April 29, 1893, assisted by Drs. Goree, Pendleton and Banks.

After the abdomen was opened I found an irremovable fibroid on account of the various attachments to the bladder, uterus and omentum. There was another smaller fibroid given off

from this with a pedicle about one inch in length. This I removed after ligating the pedicle in two sections with sterile silk. The stump was cauterized with the thermo-cautery. Both ovaries were cystic, and one, the right, very closely agglutinated to the fibroid, which was removed after ligating the tissue in sections, which bound the ovary to the tumor. After removing the right ovary there was a hemorrhage from the tissue included in the sections tied off which it was impossible to arrest by ligature, as the puncture of the needle in passing the ligature would bleed most profusely.

After trying in vain to arrest the flow of blood by ligature, two clamps were applied and left in the abdomen. The cavity was now fleshed and wound closed, after introducing drainage tube. During the night one of the clamps slipped and an alarming hemorrhage had occurred when I saw the patient next day, although I was not sent for, the friends not realizing the danger she was in.

I found my patient on the morning following the operation in deep collapse, with temperature  $95\frac{1}{2}$  deg. F., pulse almost imperceptible, and breathing labored and gasping, patient complaining that she was too warm and very thirsty. I removed dressing and found them saturated with blood but the hemorrhage arrested. I injected the abdomen full of a hot, weak saline solution; injected a good quantity of the same solution into the bowels through rectum, and administered 1-30 gr. sulphate strychnia hypodermically every three hours. This I kept up for two days. The pulse got better gradually, and the temperature by the following morning was  $99\frac{1}{2}$  deg. F. Patient did very well from this time till about fifteen days later, when a stitch abscess formed, which was opened and which gave immediate relief.

Patient is now convalescent and has no pain. Has not seen her monthly period since. I hope she will have no more trouble.

CASE NO. 7.—M. S., aged 65 years. Had oblique inguinae-hernia since before the war. Two days before I saw her she had been vomiting stercoracious matter, not being able to keep even

a swallow of water on her stomach. When I saw her she had temperature of 96 deg. F., pulse 130, with anxious countenance.

May 3, 1893, assisted by Drs. Withers, Goree and Banks, I operated, doing the radical operation for cure at the same time. We found the strangulated portion of the gut in a very much congested state, but healthy enough to justify us in returning it into the abdomen. The constriction was relieved and the gut returned, when the sac was brought together and sutured, and the portions above cut away, making a Bulls operation for radical cure.

CASE No. 8.—S. J., aged 20 years. Had suffered since birth of child three years ago with continuous pains in both ovarian regions. Menses painful but regular and moderately profuse. Upon examination ovaries were easily felt—very large, prolapsed and intensely tender to the touch; complained that sexual intercourse was extremely painful. Operation was advised to which she readily consented. On October 10, 1892, Dr. Pendleton, assisted by Drs. Goree, Withers and myself, removed the ovaries and tubes. Ovaries were found cystic, tubes very much enlarged. Cavity flushed, drainage tube introduced, wound closed. Recovery uninterrupted. Complete relief of symptoms.

CASE No. 9.—S. B., aged 34 years. Had suffered eight years with exhausting hemorrhages and extreme pain and was a physical wreck. Large fibroid mass filled entire pelvic cavity, extending nearly to umbilicus. February 8, 1893, Dr. Pendleton, assisted by Drs. Goree, Withers and myself did a Tait's operation, removing the ovaries and tubes. Cavity flushed and closed with silk-worm gut. Since that time menstruated once profusely, second time moderately, since not at all. Tumor much reduced in size and rapidly disappearing. She suffers no pain and is able to do washing for a living.

CASE No. 10.—L. B., aged 25 years. Had suffered with dysmenorrhoea and menorrhagia two years. Pyosalpinx diagnosed. Operation by Dr. Goree, who was assisted by Drs. Pendleton, Withers and myself. Found pyosalpinx; removed it. Ovaries were cystic and were also removed. Glass drain-



age tube was then introduced. Cavity closed, and with the exception of a very sick stomach, which lasted two days, the patient did very nicely. This was done in December, 1892.

CASE No. 11.—Brody, aged 33 years. March 26, 1893, he received a gun-shot wound of the abdomen, two duck shot penetrating abdomen, one shot entering near right nipple and other shot striking him in various places, in all nine shots striking him. Drs. Withers and Taylor were called to see him immediately and found him in profound collapse, temperature below normal, pulse almost inappreciable. Stimulants administered. Early next morning I saw the patient with the doctors, and we decided not to operate just then, as the shock was so great, but gave him strychnine hypodermically in very large doses. In the afternoon it was decided to give him the only chance for his life by operating, although he reacted but feebly. Dr. Withers, assisted by Drs. Pendleton, Goree, Taylor and myself operated; opening the abdomen and found four perforations in the ascending colon, which were closed by small silk Lembert sutures. About the time operation was finished some one discovered that his pulse was becoming quite weak, when 1-15 gr. of strychnine was administered hypodermically and the cavity flushed with hot water, which brought the pulse up. His abdomen was then closed, leaving it full of hot water; glass tube left in. When patient was put to bed hot baths were then put all around him to help bring about reaction. Two weeks after the operation, by means of an aspirator one-half gallon of blood was drawn from the pleural cavity, which was the result of hemorrhages into the cavity at the time of the injury. Patient made an uninterrupted recovery.

## Fracture of Coccyx. — An Incorrect Diagnosis.

BY W. W. BAILEY, M. D., FORT SMITH.

[Read in the Section on Surgery at the Eighteenth Annual Meeting of the Arkansas Medical Society.]

I report this case not on account of any unusual surgical procedure, or that the fracture named is an unusual one, but to illustrate how one can be misled by a patient into forming an incorrect diagnosis.

One year ago last March I received a message to call upon Miss H., aged 37 years, which summons I obeyed. Arriving at the house, found the patient confined to her bed. Questioning her as to her ailment, she informed me that she had been for some time suffering with rectal hemorrhoids, the pain being so great that she was unable to perform her usual avocations and for a number of days had been compelled to keep a recumbent position. I examined the rectum, found one external pile quite sensitive, the size of a small grape, and to this she attributed her suffering. Before leaving I ordered hot fomentations and sitz baths, believing that they would at least give temporary relief. This treatment was continued for four or five days giving slight relief only. After the sudorific effects of the fomentations and baths passed away the pain became as severe as ever. Visiting her one day, a week or more after my first call, and finding no improvement in her condition, it occurred to me it might be well to use a hypodermic injection. Having a small vial of a solution of sulphate of zinc with me, I determined to use it and did so. After the tumor had undergone an acute inflammation it afterwards atrophied and almost entirely disappeared, yet the pain about the rectum remained unabated. Believing that there might be internal rectal complications, I determined to explore the rectum and relieve any and all pathological conditions found. After anæsthetizing the patient I introduced a rectal speculum and incised several small hemorrhoids; this with the complete dilation of the sphincter, I hoped would give the desired relief, and en-

couraged the patient to that belief. But, alas, my predictions failed to materialize. Waiting a sufficient number of days for the disturbance of the operation to wear away, I found to my disappointment that she was in no manner relieved. It occurred to me then that there might be some uterine complication. I turned my attention to the vagina. Gaining her consent I attempted the introduction of a virgin trivalve, but encountered a hypertrophied and almost cartilaginous hymen. Found this procedure impossible. My index finger was then substituted and with difficulty introduced. This digital examination failed to detect any displacement of the uterus or other abnormal condition. Baffled up to this period in my efforts to relieve or ascertain the cause of such persistent pain and discomfort, excluding the rectum and uterus as the origin of her continued pain, I now turned my attention to an examination of the coccyx and soon discovered an enlargement of the anastomosing processes of the second and third segments of that bone very painful to the touch. A further investigation revealed the fact that the coccyx was movable from this point down. It was evident then that I had a fracture of this bone to contend with. For the first time since my attendance on her I elicited a circumstance in connection with her case that demonstrated how the accident happened. In the early part of that winter, while out walking, she slipped and fell heavily upon her buttocks, sustaining at the time quite a shock, one of her limbs being considerably atrophied, rendered her gait unsteady and by reason of this deformity the accident happened. At last I had discovered the cause of my patient's suffering. Informing her that the only remedy for relief was the removal of the united portion of this bone, I readily gained her consent to an operation. With the assistance of Drs. D. T. Johnson and J. C. Amis this was accomplished. The two lower segments of the bone were removed and the lower end of the second segment thoroughly curetted. Nature had made an effort at repair but failed. The incision healed by first intention. For several weeks afterwards there was considerable discharge from one of the upper stitches after the removal of the thread. With this exception the patient made an uneventful recovery.



## Creosote Treatment of Phthisis.

Albu (*Munchner medicinische Wochenschrift*, December 6 1892), has used creosote in large doses. The patient took thirty grains daily. One patient took as much as 6500 grains during the time of observation. He believes creosote to affect only the symptoms of the disease—for some it is a good expectorant, for others a good stomachic. On the whole, it is a good tonic. Recovery did not take place in a single case. He believes creosote to have no specific action upon the process. In the discussion of Albu's paper, Furburger states that he has not used creosote for the past two years, because the effects were not satisfactory. In half of the cases in which it had been used it had no effect, either favorable or otherwise. In about one-fourth of the cases it had a deleterious effect; it disagreed with the stomach. The remaining fourth of cases he had treated improved to a certain extent, but the improvement was not greater than in cases under good hygiene without creosote.—[*University Med. Mag.*]

## The Treatment of Abortion.

E. Eckstein, of Teplitz, gives a report of sixty-six cases of abortion in Martin's clinic, in Berlin, all of which resulted favorably. The author recommends the instrumental treatment as the only rational method, while the tamponade should be used only in such cases where there is insufficient dilatation of the cervical canal. In cases where there is sufficient dilatation, prompt removal of the uterine contents should be practiced. In cases of five months and upwards, the patient should be treated the same as if she were at full term; should, however, fever be present, due to decayed material in the uterus, this should be promptly removed and the uterus curetted. Ergot is given only after the uterus is emptied. (*Schmidt's Jahrb.*, Bd. 237, No. 1.)—[*Medical and Surgical Reporter*.]

# THE JOURNAL OF THE ARKANSAS MEDICAL SOCIETY.

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## Editorial.

### THE RESIGNATION OF DR. HOOPER.

Dr. P. O. Hooper, who has been connected with the State Lunatic Asylum from its very inception, first as a trustee, and later as superintendent, surprised his friends by tendering his resignation on the first of this month.

The Lunatic Asylum is the only State institution entirely under the direction of members of the medical profession, and its successful, not to say brilliant, management under the superintendency of Dr. Hooper has been a source of just pride not only to the entire medical profession of the State, but of every citizen as well. It is an institution which is a source of pride to the citizens of Arkansas, and of surprise to visitors

from other States. The buildings, designed, erected and added to under the personal supervision of Dr. Hooper have been selected as models for more recent structures of the kind in other States. The management has also been a beneficial example to other institutions.

Dr. Hooper did not give his reasons for presenting his resignation, but from statements in the public prints, it is believed to have been caused by friction between the superintendent and the present board of trustees, or at least certain members of the board. The nature of these differences has not been stated, but there is reason to believe that they may be the result of presumptuous ignorance on the one hand, and a philanthropic, broad-guage, intelligent management on the other.

Whatever the cause of the resignation, it is hoped that it may be recalled, and that the State may continue to have the benefit of Dr. Hooper's able management. The loss of his services at this time can only be considered as a calamity to the institution and the unfortunates who are its inmates.

If, however, Dr. Hooper cannot be induced to reconsider his action, THE JOURNAL most emphatically asserts that such an institution must not be turned over to place-hunters and politicians.

In the days of the hottest politics in Arkansas—in the days of carpet-bag rule—no adventurer had the temerity to lay his hands on that institution, either during the formative period of its existence or since, and the man or the men who attempts or attempt to advance personal or party interest at the expense of the unfortunate "wards of the State," should be hurled from position with all the indignation honest, philanthropic men are capable of feeling.

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#### EDITORIAL NOTES.

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"THE PINE BLUFF OVARY."—"A doctor in Pine Bluff, Ark., who is hardly twenty-one years of age, has done eleven ovariectomies, all successful. This proves that the doctor is a



very enterprising man; but what can be the matter with the Pine Bluff ovary?"—[*N. Y. Medical Record*.

A doctor in Pine Bluff, Ark., who is hardly twenty-one years of age, has done eleven laparotomies, all successful. This proves that the doctor is a very enterprising man; but what can be the matter with the Pine Bluff ovary?—[*Medical Mirror*.

The laparotomies were not all ovariectomies. But the Pine Bluff ovaries removed by him were *diseased*, and in that respect may have been different from those removed by some of the statistical, private infirmary, plate-glass table ovariectomists of other States. The Pine Bluff operator is twenty-four years of age, a native of Arkansas, and received his medical education at the Tulane University. He is a *modest* man too, and in this last named attribute may be different from some of the metropolitan operators. His cases were reported at the solicitation of his confreres, and not of his own volition. The paper is published in this issue.

### **The End of Homeopathy.**

In a paper read before the Philadelphia County Medical Society, Dr. John B. Roberts, with entire sincerity of spirit, indicated numerous points of resemblance between so-called homeopaths and regular practitioners, and points out that the treatment pursued by both is practically the same. If the position that Dr. Roberts takes is the correct one (note well, however, the qualifying *if*), there is no true homeopathy, and those who have designated themselves homeopaths will do themselves credit and increase their usefulness by absolving themselves of all sectarian designation. Under such circumstances we believe that we could bring ourselves to forgive them their little and fading delusion of *similia similibus curantur*.—[*Medical News*.

## The Arkansas Medical Society.

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### Time of the Next Meeting.

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For several years the time of meeting of the State Society has been designated for the week preceding the meeting of the American Medical Association. Since the organization of the National Association of Railway Surgeons their meetings have generally been held during the week before the sessions of the American Association. As a number of members of the State Society are also members of both of these national bodies, the Secretary has endeavored to select a time when the meetings of the State Society will not conflict.

As the Railway Surgeons will meet in Galveston in the early part of April, and the American Association at Galveston on the first Tuesday in May, 1894, it has been decided to designate a time between these meetings for the session of the State Society.

*Therefore the nineteenth annual session of the Arkansas Medical Society will be held at Pine Bluff, Wednesday, Thursday and Friday, April 18, 19 and 20, 1894.*

Now is the time to begin the work to make the next meeting the largest and most interesting the Society has ever held.

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### The Dangers of the Barber Shop.

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The report of a case of tuberculosis of the bearded face, will direct attention to the danger of transmission of tuberculosis through the intermediation of the instruments used by the barber. To prevent such an occurrence each individual should have a separate brush and cup and napkin and razor. If one razor is used in common it should not again be used before having been placed for a short time in boiling water and dried, while persons who present themselves to the barber with diseases of the bearded skin should be advised to consult men.—[*Medical News*.

## County Societies.

If THE JOURNAL were the physician of the county medical societies of Arkansas in their present neurasthenic state, and was required to issue a monthly bulletin of their condition, it could be easily expressed in a word or two, "No change since last report," might do, or "growing weaker" would express the state. "Comatosi," "unconscious," "gradually sinking," or some such terrible words might express it more correctly. Unless there is a change for the better it is feared that the sorrowful four-letter word "dead" will have to be printed on the headboard of this department of THE JOURNAL.

A death was recently reported from the injudicious application of spirits of ammonia to the nose of a fainting person. Some of the fluid was spilled on the face, inhaled and caused death. Now there is no danger of being too heroic in the application of any remedy to the county societies. They seem to be in that state where no harm can be done. It is only a chance anyway, and if something is not done soon it will be too late.

Cruel persons have been known to kindle fires under balky and stubborn oxen, and it is stated by some that such means succeed when less severe efforts have failed. Can't the members of some of the county societies kindle a little fire in their breasts and get up enough interest in their meetings to let their light so shine before their brethren that they may see their good works and imitate them? Try!



## Miscellany.

### "The Medical Press."\*

BY GEORGE M. GOULD, M. D., OF PHILADELPHIA, PA.

*Mr. President, Gentlemen of the Society, and Friends :*

In last night's paper I find the following anecdote :

"He was an editor, and he dreamed that he was dead. He found himself in a place where lots of other departed souls were waiting to be sent to their place of abode. Some one in authority asked him what he had been on earth. 'Editor of a newspaper,' he answered. 'All right,' said the angel, 'your elevator goes *down*.'"

Now I wish to make an addendum to that excellent story as follows: "The editor told the elevator-boy to wait a minute, and whispered into the angel's ear: 'But, Mr. Angel, I was editor of a *medical* newspaper.' The angel, with a glance of pity and contempt, called to an assistant: 'Conduct this poor fool to Purgatory and deliver him to the Asylum for Paranoiacs until he is fit to take the elevator *up*.'"

Immediately after accepting the invitation of our kind and honored friend to respond to the challenge, "The Medical Press," I realized, as in similar circumstances you have all doubtless done, what an egregious ass I had made of myself.

First came the feeling of pity for you! I have so often been in your places, forced to show interest and perhaps to beat acclamation—as I trust you may do!—for some poor post-prandial sinner who knows too well the antiquity of his finest jokes, the poverty of his stolen wit, and the paucity of his cribbed ideas. One of the beautiful things about our indulgent human nature is, that, fired with the alcoholic warmth of aqua pura q. s., caffeina infusum, and nicotina fumens, *ad libitum*, the heart can rise to the rich generosity of

\*Response to a toast, at the dinner given by the President of the American Gynæcological Society to the members of the Society, in Philadelphia, May 16, 1893.

excusing the socio-criminal antics of its after-dinner orators — nay, of encouraging the malefactors with the sweet delusion that for the moment they are in very truth instruments of pleasure and of instruction to the hearers. Consequently this delusion I would like to entertain if you will but kindly give me but half a chance.

Secondly, there arose the terrifying quandary as to the true meaning of the sentiment. In a society of obstetricians and gynecologists one might naturally suppose that the term, "The Medical Press," should refer to certain actions or measures, physiological or therapeutical, definitely connected with the early beginning or with the final ending of the period of gestation! But since neither as coucheur nor as accoucheur have I ever had any personal experience whatever in physiological or medical press-work, I am driven to infer that the toast was meant to signify somewhat in reference to medical journalism.

But here again my dilemma is most appalling. It must certainly have been known to you, Mr. President, that of all editors I am one most dishonored and reviled by my fellows. If, by his colleagues, vituperation and contempt were ever more abundantly showered upon one poor head than upon mine, then is that head to be pitied. Scatology has vied with eschatology in wishing me both very dead and very damned. What impertinence, therefore, in pretending to act as the mouth-piece of a constituency that declares me its most despised enemy! There are something like a dozen *soi-disant* medical journals in our country, and I have contended and do still insist that for the good of American medicine this is about twelve dozen too many. Thinking so, and thus by logical inference politely saying to the twelve dozen that they should at once perform euthanasia or harikari, have I the right of faintest appeal to editorial clemency? This gross of editors would be far less the excellent fellows that they are if they did not, even less deferentially than is their custom, demand a proof of my sincerity by asking me to set them the meritorious example of official suicide. It boots not to answer that I

would gladly do so if I were not fearful that, as in the case of the double suicide of yesterday's newspaper, the shrewd, less sincere, and less copious drinkers of the cup have a powerful emetic in their vest-pockets for private use when the demise of the other fellow is well assured.

A sorry aspect of so much of this "journalism" is the practice of plagiarism, uncredited excerpts and conscienceless stealing. One has no idea of the extent of the practice until he becomes an editor. Remonstrance usually results in silence, but one worthy thus answered a courteous complaint:

"You may be tired of journals clipping from you, without credit, but it is a deplorable *custom* which has been inaugurated and followed, and is really not worthy of having attention bestowed upon it."

I cannot weary of protesting that our profession is afflicted with a new disease, one that I have named journalopathy. We are, in fact, fast becoming journalomaniacs. We are frittering away our professional time, money and energy, in the useless multiplication of medical journals. We have at least two pretentious serials devoted solely to rectal dilatation, euphoneously called Orificial Surgery. One of them is named *The New Way*, and seems to be very much misnamed, since to a sane understanding it would appear to be, *fundamentally*, a return to the old way of Sodom.

The art of launching a new periodical has become a very remarkable proceeding. An illustration has today come to my notice that is especially instructive to the present audience.

Print, for example, a *fac simile* of the cover as it is desired to be, several months in advance, putting on it as collaborators the names of twenty or thirty of the greatest surgeons, gynecologists and obstetricians in America and England. Then write a letter to each of the "collaborators" as follows:

"Some time ago I begun (*sic!*) the formation of a staff of representative American surgeons and gynecologists with reference to beginning the publication of a high-class journal as per (*sic!*) enclosed cover page. I wrote you for your co-operation in the work, but for some cause have not yet received your



reply. However being anxious to get out a limited number of copies of the cover to send to the advertisers, I allowed your name to remain," etc.

A large proportion of those thus invited never received the mythical first letter, because it was never sent. Some, "finding themselves in such good company," consented to let their names remain; others saw through the trick and refused to become "collaborators." The journal will doubtless succeed.

Some time ago there was attempted the continued issuance of a daily medical journal, called *The Daily Medical News*; and the poor, guileless postal clerks, mistaking the address, forwarded to my office such a tremendous deluge of eager inquiries, of contributions so plentiful—and of such astonishingly peculiar value, both orthographic and scientific—and of subscriptions spontaneously offered, that I grew green with envy, and I longed to be the favored editor-in-chief who before the modest caption, *Medical News*, could gloriously place the qualifying word, *Daily*. The balm in Gilead was speedily forthcoming: Although still but *weekly*, my little paper soon witnessed the "post" of the temporarily vigorous daily. I forbear to give the details of the necropsy.

Pondering over the lesson of its death, it struck me that the publishers made the grave error of calling the periodical medical. The people hate the medical man's medicine and spit out at his advice, but they receive as divinely sent whatever the quacks and patent-medicine vendors offer as medicinal. Any thing to beat the doctors! The *Daily Medical News* should therefore have omitted the word *Medical* from its title page, and with a half dozen spicy society reports should have appeared as the *The Town Tattler*, *The Daily Scandal-Monger*, *The Politician's Friend*, *The Party-Spy*, etc. This would have fooled the public and enabled the proprietors to insert into "the family newspaper" also the "medical advertisements" that are the true and reliable sources of revenue of the thousands of American newspapers.

*The National Medical Review* says that the *Washington Post* is in reality a daily medical journal, a wolf in the sheep's

clothing of a household newspaper. "Column after column of its advertising pages are filled with matter pertaining to the health of the people. We read in glowing terms, of cures for all kinds of ailments, from cold feet to consumption. Here we read of impotency, of loss of vigor, and of gonorrhœa; of syphilis; of pennyroyal and tansy pills for women, which never fail; of English pennyroyal pills, a sure relief for ladies; of errors and indiscretions of youth corrected; of manhood restored; of small and weak organs enlarged; of the gentleman's friend and a syringe free—a whole column of this same kind of choice medical literature!"

Does our colleague for one moment suppose that our Philadelphia, and New York, and Chicago, and omnipresent examples of this sort of newspaper *diablerie* are less numerous than in Washington?

Therefore it is plainly evident that not only have I no right to speak for my brother editors of the Medical Press; not only would they scorn my service; but I fear I should myself have some disinclination, even some moral revolt, in attempting to speak for the numerical majority of them.

For a charming minority, however, I would be proud to speak had they commissioned me; but if present they would most certainly be speaking for themselves and for me, *instead* of me speaking for them. Were they only here!—the Fosters, the Shattucks, the Connors, the Munns, and the other noble fellows in Pittsburgh, in Cincinnati, in Texas, or wherever they are—they that love clean journalism, and that hate politics and commercialism masquerading as medicine!

Thus by a kind of diagnosis by exclusion I find myself barred out from office entirely. A single alternative remains: I can say a word of the Medical Press as I would wish it to be. We are all and always dissatisfied with the present condition and circumstance, and consciously or unconsciously we are ever looking forward to a better future. A divine unrest and insatisfaction is active in our hearts, that takes the most stubborn materials of our selfishness and littleness and moulds them into longings and

hopes of coming good. It is verily true: *Est Deus in nobis*. How can we incarnate Him out there in the objective fact? How can we make him, as it were, institutional?

Some time ago a surgeon of irreproachable professional standing had the misfortune that may come to either of us to-morrow, of a patient dying from the effects of ether-administration. His patient was a man widely known, and immediately the fact was the theme of gossip and criticism in every newspaper of the land. These discriminationless papers were fed with filth and lies by their pack of reporters and by the deep-seated malignancy and hatred of Lord Demos for the medical profession, until the wrong done the surgeon grew to be a wrong done all surgeons. Weeks wore on. The surgeon was traduced and maligned by anonymous insults daily received through the post, and by more scurrilous newspaper rubbish. Not a letter of regret, sympathy, or inquiry came to the surgeon from his fellows, although the injury to the man was an injury to the profession. And, mark well! not a medical journal in the land spoke in defense of a wronged man, or in denunciation of the popular bigotry and innuendo. The self-respecting surgeon, of course, kept his peace, but what opinion must he have of medical journals that were so indifferent to the wrong done an honorable member of the profession, and, worse still, done the entire science and art of medicine?

I would have the medical press incapable of such silence, by reason of an editorial keenness of sympathy, love of right, and pride in medical progress!

A little while ago, also, an editor of noble character wished to rid his journal of the surreptitious reading notice, of concealed advertisements in the reading columns, of pseudo-scientific articles written by the hired agents of manufacturers of secret preparations. The nostrum-makers combined against him, and by a thousand despicable means, by political deviltries beyond the cunning of pot-house politicians, they finally drove the editor out of his place and *extinguished* him.

Should such things be? They will continue just so long as you allow them to be. Subscriptions and contributions to the



journals that are editorially for sale are assents and encouragements of the wrong. Do you hold up the hands of the editors who refuse? I know of no evil so subtle and so powerfully degenerating in its influence as this of the slavery of a large part of the medical press to the dictation of commercialism. The day must come, and it is the duty of each of us to hasten it, when editorial choice of papers, reviews and criticism, editorial silence or plain-speaking, shall be placed beyond all suspicion of non-medical control. I am proud to know that there are not a few publishers and editors, and there are many advertisers and manufacturers, who would scorn thus to deceive the profession. Where the reading columns are not in any way for sale, neither by bribe or wheedle or bullying, there is indeed the best advertising medium in the advertising pages. Shrewd advertisers, even if not too honorable themselves, know this—because of evident reasons. We are growing expert in detecting the surreptitious advertisement in the reading columns, and its existence there at once advertises against the article and against the journal. But until *all* publishers, editors and advertisers acknowledge it, and learn that honesty is really the best policy, you must by all that is holy help the few who do acknowledge this truth and practice it.

Is the journal of your choice, the kind of journal you encourage, a compromise with quackery—either that sort of quackery that is without or within the regular ranks? Do you believe in the much-vaunted “broad-gauge” inethical men and journals, or do you prefer the standard-gauge ethical variety? It should be recognized that in railroad science the broad-gauge track has gone absolutely out of use. The narrow-gauge has yet some little use in tortuous, hilly country, and also where capital is very scarce. But for the universal service of the continent one standard-gauge has been adopted by all railway engineers and managers of good sense. In medicine, also, any variation by so much as an inch in breadth from the standard agreed upon by all medical engineers will sooner or later bring accident and death. The compromise, to be of

service, must at least be an universal compromise—all agreeing to a single gauge. We cannot have one standard in New York, another in Philadelphia, and another in Chicago. The cars of medical progress will not "transfer" well, and must each stick to its own track system, or else be permanently side-tracked. Compromisers in such matters are surrenderers. There is nothing that could be said by the advocates of the old code, there is no argument so unanswerable and convincing of the need of the old code, as some of the very letters and arguments of those seeking its demolition. Between every line gleam the long carnivorous teeth of hungry license and love of quackery!

There is one unused method of cure of commercial medical journalism, and it is about the only example of which I have knowledge of the application of the homœopathic dogma of *similia similibus*. In one way or another these journals exist for the sake of money. Editorial vanity is short-lived, and it is finally ratable in terms of finance. Why not, then, put the whole matter on a financial basis, and, turning the tables, ask pay for all contributions of publishers of medical journals? If a contribution is worth nothing in money, it is probably worth nothing scientifically. There would in this way be brought about a lessened quantity and a superior quality of so-called medical literature, and the journal that offered some *quid pro quo* for the great labor and ripe thought of its contributors would thus come to exercise greater power—a power for the good of medical progress and the welfare of society, something like that exercised by the two splendid examples of English medical journalism. No medical journal in America has the means, or support of the profession, necessary to carry out any one of the great investigations or reforms that are each year effectively done by the *Lancet* and the *British Medical Journal*. We Americans have to get our information about Chicago water from a journal in London!

Is there not some way of uniting the American medical profession in the support of one, two, or three journals, untrammelled by commercialism, free from the control of advertisers,

outspoken as to professional abuses and demoralizations, absolutely fearless in the teeth of the hords of ravenous quacks and patent-medicine vendors; strong to defend the weak and honest, stronger still to rebuke the powerful and dishonest; devoted solely and sincerely to the good of our divine calling and to coming humanity?—[*The American Lancet.*

### **The Treatment of Suppurating Buboës by Injections of Iodoform Ointment.**

BY WILLIAM K. OTIS, M. D.

The frequency of suppurating glands in the groins, resulting, as they may, from any one of the venereal diseases, from tuberculosis or trauma, renders this affection one with which we are frequently brought in contact, and it is one which is especially obdurate to all recognized forms of treatment.

The so-called abortive treatment, either by pressure, the application of the actual cautery, the inunction of green soap or any of the various methods which have been so frequently advocated, while ideal in conception, is so unreliable, and except in cases of very mild infection, so inefficient that when apparently it does succeed, we are usually in doubt whether the gland would have gone on to suppuration even without any treatment whatsoever.

The good, old-fashioned method of freely laying open the abscess, and allowing it to drain and granulate for weeks, renders the patient exceedingly uncomfortable during that period, permits of the infection of other glands of the same chain, and leaves a well-marked and tell-tale scar.

Excision of all implicated glands, the ideal method, from a surgical standpoint, means a difficult, and to some extent, a hazardous operation in a dangerous, anatomical neighborhood, the retention of the patient for some weeks in bed and a scar, compared with which that resulting from the old method is but trifling.



On these accounts I was led, as for back as 1886, to try a method advocated at that time by Dr. Scott Helm, who withdrew the pus from the abscess cavity in suppurating buboes by means of an aspirator; washed it out with a solution of carbolic acid, and refilled it with a mixture of iodol and vaseline, and who reported in August of that year, a series of twenty-three cases, only one of which remained uncured by this method.

At that time, however, while very well satisfied with two cases so treated, I was unable to pursue this method, and it was not until 1890, when Potain reported a series of forty-one cases treated by the injection of a mixture of iodoform and vaseline, one-half of which recovered in less than five days, and the longest in twenty-three days, that I was again induced to try this plan of treatment.

Being at this time connected with the genito-urinary department of the Vanderbilt clinic, all cases of suppurating bubo were treated after the following method.

The skin, for some eight or ten inches about the affected area was rendered thoroughly aseptic by scrubbing with green soap, washed with sulphuric ether, and then douched with a solution of mercuric chloride 1-1,000. A narrow bistoury was then inserted into the abscess cavity, and the contents gently but thoroughly squeezed out. The cavity was irrigated with a solution of mercuric chloride 1-1,000, and immediately filled to moderate distension with warm iodoform ointment (10 per cent.), care being taken not to use a sufficient degree of heat to liberate free iodine. The syringe used for introducing the ointment was the ordinary cone-pointed, glass, clap syringe. The plunger being removed, the barrel gently warmed in the flame of an alcohol lamp, was filled with the ointment by means of a spatula, and the plunger replaced. On finishing the injection, at the instant of withdrawing the syringe from the wound, a compress wet with cold bichloride solution was applied, which instantly solidified the ointment at the orifice, preventing the escape of the contents of the abscess cavity. A large compress of dry bichloride gauze was then applied, covered by a protective dressing of cotton, and retained by

means of a firm spica. The patient was requested to return at the end of four days. If all was well at this time, the dressing was simply reapplied, but if there were any evidences of inflammatory action, the wound was thoroughly irrigated and cleansed, and the injection repeated.

Of sixteen cases so treated, collected for me by Dr. George H. Gaidzakian, who was assisting me at the time, nine were reported cured in six days, three in twelve days, one in fourteen days, one in twenty-three days, and two deserted during treatment.

The advantages claimed for this procedure, are :

First—That it is simple and safe.

Second—In suitable cases cure, as a rule, seems to be more rapid than by any other method.

Third—That the patient is not prevented from going about during treatment.

Fourth—The first gland being rendered thoroughly aseptic, renders it less likely that other glands in the chain will become infected (?).

Fifth—*It leaves no tell-tale scar.*

—[*Journal of Cutaneous and Genito-Urinary Diseases.*]

### Precocious Pregnancy.

Godson (*British Medical Journal*, No. 1684, p. 743) has reported the case of a girl, 14 years and 7 months old, who had never menstruated, but was pregnant eight and one-half months. The girl was small but well developed; the external conjugate measured seven inches, the circumference midway between the iliac crests and the trochanters of the femora thirty and three-quarters inches. The vertex presented; the position was the right occipito-posterior. The first stage of labor was protracted; the second was terminated by the application of the forceps. The child was a well-developed female, weighing seven and three-quarters pounds. Parent and child did well.—[*Medical News.*]

## **The Preventive Treatment of Mastitis or Bealed Breasts After Confinement.**

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There is no disease that will cause the lying-in woman more suffering and more annoyance, with less danger to life, than mastitis; and in my practice I have found a great many women who from a scrofulous taint or a hereditary predisposition had suffered from this trouble after confinement. This can always be avoided with proper treatment. Shortly after beginning practice, in a town of about three thousand inhabitants, I adopted a treatment which, through a large obstetric practice extending over fifteen years, has always proved successful in my hands in preventing mastitis. At an early period in my practice I was called to the country to attend a lady in confinement in the absence of her family physician. I found that she had a large circle of friends, and being a young practitioner in a new place I was desirous of making a good impression. It was her third confinement and an easy one, everything passing off nicely. I made two visits according to custom, and about two weeks later I paid her a friendly call to see how she and the baby were getting along. She said she only had one trouble, which had occurred after the birth of both her other children, an overflow of milk. Her physician, after employing a large number of remedies, had failed to control it and told her that nothing could be done, but that in time the flow would get less, which she had found to be case. I examined her breasts and found the worst case of galactorrhoea I have ever seen, the milk flowing all the time, compelling her to keep her breasts covered with cloths.

Without stopping to think, I told her I could give her something to stop the flow of milk; that there was no need of her suffering in that way. Indeed, she said she would be too glad to have some remedy, as aside from the annoyance occasioned, it kept her feeling weak. Accordingly I promised to send something to relieve her. After getting in my buggy and starting for home, I began to appreciate what a difficult task I had set myself to accomplish. I went over the different methods of



treatment laid down in the books for that purpose, and as it seemed likely that the family physician had tried the customary remedies I could not promise myself better results from their use. Reviewing in my mind the causes of such an overflow of milk, the most plausible theory that I could think of was that it was due to an over-accumulation of fluid in the system, and the idea struck me that if I could drain off this fluid through the kidneys, I certainly would diminish the flow. The more I considered it the more satisfied I was that my view was at least a plausible one; and by the time I reached home I had determined to put this theory into practice. I selected acetate of potassium as the most powerful diuretic, giving it in full medicinal doses every hour or two, and on the third day the husband returned saying that the milk had dried up so there was not enough for the child. I told him to go back and tell his wife not to take any more of the remedy for a while and the milk would return, and then take it as she needed it, which she did and had no more trouble; and, as a matter of course, I got her practice with her influence.

The idea then occurred to me why not use the acetate with the addition of aconite to control inflammations after confinement, where there was likely to be trouble from mastitis. I have used it in many cases since then, and, as I said before, I have never had a case of bealed breast occur in my practice.

Well do I remember one case among many; it was the woman's third pregnancy. In her first confinement both breasts bealed, causing great suffering; in her second they both bealed, one being affected three times, causing her several months of suffering. When she became pregnant for the third time, being under my care this time, I assured her that she should not suffer from mastitis. Her confinement was an easy one, everything passing off well until the evening of the third day, when she sent for me, as she believed that her former trouble had returned. I assured her that the breasts had not bealed yet, but I felt certain that they would suppurate; for I had never in my practice seen so much congestion and inflammation in any part as there was in her breasts. Her breasts, which were naturally

large, were swollen to her armpits, and so inflamed that she could hardly bear to have them touched. I had gone prepared, however, for this emergency, and administered at once full doses of the acetate of potassium every one-half or one hour, with enough of the tincture of aconite to lower the circulation, and had the satisfaction of finding on my visit the next morning that the inflammation was subsiding and the swelling reduced. She steadily improved, and the disease passed off without her breasts bealing. This is only one of the many cases that I can report.

I now use this treatment in cases where the breasts have bealed in former confinements, or when they are likely to beal, beginning its use about the time the milk begins to come. In that way I control the flow of milk, preventing congestion and inflammation of the milk glands and thus avoiding any trouble in the way of mastitis.—[*Dr. J. T. Hall, in International Journal of Surgery.*

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### **Resection of the Liver.**

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Schmidt (*Deutsche Med. Woch.*, No. 8, 1893) reports a successful case of extirpation of a gummatous portion of the liver, preceding his report by an imperfect review of the literature of the subject, apparently founded on Keen's paper, to which due credit is not given. The patient whom he treated was 37 years of age, of a phthisical family history. She had lost a great deal of weight, became cachectic, and passed blood by the bowel.

Four weeks before presenting herself she noticed a movable tumor in the belly the size of an egg. On examination, this tumor was readily outlined about the level of the umbilicus, moving with the diaphragm, and passing into the hypochondriac region or the right lumbar region. It evidently lay in front of the intestines. It was supposed to be connected with the transverse colon, and abdominal section was performed for its removal.

On opening the belly the growth was found attached to the lower quadrant of the left lobe of the liver. It was somewhat lobulated, and was harder than normal liver substance. It was not adherent to any of the surrounding parts. No other nodules were found in the liver. The tumor was brought out through the abdominal wound, the peritoneum surrounding its base was secured by a circular stitch to the parietal peritoneum, and the base of the neoplasm was surrounded by an elastic ligature, and was cut through. Four arteries and six veins were ligatured, and a point of oozing was touched with the thermo-cautery. The extra-peritoneal position of the wound was secured by a second row of sutures, including the skin and walls of the liver, and the dressing was completed by iodoform-gauze packing. Microscopic examination proved the growth to be a gumma. The patient recovered without complications. —[*Therapeutic Gazette*.

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### Arsenic in Chorea.

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Discussing the uses of arsenic, Dr. William Murray, in the *Lancet* for February 25th, makes a statement that will somewhat surprise American physicians. He says that little stress has been laid on the efficacy of arsenic in large doses in chorea. That use of the drug is a well-established plan of treatment in this country. It is the common teaching that arsenic is of but little value until its physiological effects have been obtained. It is now the universal custom to carry its administration to that point, and even to restrain its action upon the bowels by small doses of opium. The dose should be regulated according to the symptoms and the tolerance of the patient. The author insists upon giving fifteen-drop doses of Fowler's solution for several days; ten drops, he says, will not answer. No fixed rule can be adopted for the use of this or any other drug. It must be administered according to the age and tolerance of the patient. If taken with food in the middle of the meal, it rarely causes digestive disturbance even in very large doses — [*New York Medical Journal*.



## The Purification of Drinking Water by Sand Infiltration—Its Theory, Practice and Results.

Sedgwick (*Journal of New England Water Works Association*, Vol. VII., No. 2), gives a full account of our present knowledge of sand filtration of drinking water. It is humiliating, but it is true, that the sanitary condition of many of our otherwise excellent water supplies is today discreditable to American science, American engineering and American civilization. "So long as the water supplies of important cities like Chicago, Albany, Lawrence and St. Louis remain in their present condition so long will they constitute a blemish upon our fair civilization." It matters not how wonderful the tunnels, or how magnificent the pumps of any waterworks, if they convey to the confiding citizen the deadly germs of disease they must be considered failures.

Heretofore, the selection of the sources of water supply has been influenced by the belief that impure water quickly, naturally and effectively purifies itself. It can no longer be claimed that the dangers of polluted drinking water are doubtful or imaginary. The purification of water from a sanitary standpoint is the most difficult kind of purification. The principal natural methods contributing to the sanitary improvement of water are *sedimentatives*, *storage* and *filtration*. Light, temperature, pressure and electricity have their effects, but an impure water is purified in nature chiefly by settling, for the bacteria have weight, and at least in some stages of their development, tend to settle.

*Storage* has an immense sanitary value. When allowed to stand, some of the bacteria settle to the bottom and eventually perish; some are destroyed by light, but the disease germs, which are in water apparently somewhat short-lived, perish. It is also a fact that living bacteria largely disappear in the pipes of a service. To these facts we must look for the explanation of the limited infectiousness in some cases by water obviously badly polluted with raw sewage.

The natural method, which is more common and more trust-

worthy, is *filtration* through the earth or sand. The sand filter was first introduced in England in 1839. This method is used most extensively in European cities, and the results that are obtained in comparing the death rate, from germ diseases, of the cities which use the sand filter and those which do not, are sufficient to guarantee its success.

The final conclusions reached by Dr. Sedgwick are: (1) *Every surface water before it is used for drinking purposes should be freed from all infectious substances.* (2) *For this purpose, whenever large quantities of water are to be treated, sand filtration is at present the most convenient and effective method.*—[*Medical and Surgical Reporter.*

### The Removal of a Tumbler from the Vagina.

In the *Weiner Klinische Wochenschrift* for March 2d, Dr. V. Bazzanella, of Innsbruck, relates the case of a woman, forty-four years old, the mother of three children, to whom he was called in August, 1892, on account of severe sacral pains that had come on suddenly after a mountain tour. He found that her vagina harbored a drinking-glass, and she told him that it had been placed there ten years before by her husband, who, being about to obtain a divorce, was resolved that no other man should have connection with her. When she had carried the glass for about four years a physician tried to remove it, but failed. Dr. Bazzanella found its mouth situated about two centimeters within the introitus vaginæ, and its base lying against the cervix uteri. There was a dirty, foul discharge from the vagina, and some foetid gas escaped during the examination. Projecting into the glass there was a granular, fungous, tumor-like outgrowth from the vagina. This was crushed away and then the glass was extracted with a small obstetrical forceps, between the blades of which a napkin was stuffed in such a fashion as to include the fragments in case the glass should break. The vagina was irrigated and drained with strips of

iodoform gauze for a few days, and the patient was then able to be out of bed. Several superficial ulcerations of the vaginal wall had been found, and perforation of the recto-vaginal or vesico-vaginal sæptum was thought to have been imminent at the time the glass was removed. The glass was eight centimeters in height, and measured seventeen centimeters and a half in circumference at its base and twenty centimeters and a half at its top.—[*New York Medical Journal*.

### **Infanticide by Means of Sponge.**

Professor Paul Cazeneuve reports in *Lyon medical* for December 4, 1892, a case in which a healthy infant of five months died very suddenly. Seven months afterward, on account of popular suspicion, an examination was made of the putrid and anatomically unrecognizable masses constituting the head and abdomen. In making an examination for arsenic, M. Cazeneuve noticed four rounded bodies, of the size of beans, that were elastic, and on further examination these proved to be pieces of sponge. On further search, three more pieces of sponge were found. Chemical tests failed to reveal the presence of any metallic poison in the remains, and no examination was made for alkaloidal poisons, on account of the putridity of the tissues. Professor Cazeneuve considered that the sponge had been administered to cause death, for in certain localities dogs and cats are killed by giving them sponge fried in oil. The sponge swells in the intestinal fluids, resists their action, and produces intestinal obstruction with vomiting and convulsions. It did not seem that the pieces of sponge had been swallowed by accident, as they were too numerous, and there is no domestic use for such small bits of sponge, they were probably administered in soup or milk with criminal intent. The author states that a method of infanticide in England is to stuff the pharynx of the new-born child with sponge held by a thread that permits of the removal

of that substance after suffocation is produced. But he believes his case is unique in jurisprudence. The person accused of giving the sponge was found guilty and sentenced to hard labor for life.—[*New York Medical Journal*.]

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### **An Eccentric Physician.**

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There has recently died, at Llantrissant, Dr. William Price, a member of the Royal College of Surgeons, at the age of 92. His eccentricities for many years have been known in Wales. He called himself the Arch-Druid of Wales, and would wear a whole fox-skin on his head, light green trousers trimmed with scarlet at the bottom and scalloped, a scarlet waiscoat and a light cloak. One of his children he named Jesus Christ, and another one who died he cremated on the top of a hill. He was prosecuted in court for this latter action but was acquitted, and apparently as an act of revenge, cremated all his dead cattle in the same public place. He has left strict orders in his will that his body should be cremated on the same hill.—[*Boston Medical and Surgical Journal*.]

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### **The Anatomical Limitations of Symphyseotomy.**

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Dr. J. E. Kelly, of New York, read a paper at the recent meeting of the Medical Society of the State of New York, in which he said that the anatomical consideration of the subject had special reference to the cartilages and muscles. The yielding of the cartilages after section was followed, as the foetus advanced, by rotation of the pubic bones upon the ossa innominata. After the tissues had been divided to the symphysis the section should be made downward and behind the symphysis, rather than upward and backward. By this method there was less danger of injuring the vessels, which



ran immediately under the symphysis. The increase in space which was gained by the operation was least in the antero-posterior diameter of the pelvis. As to the joints, the separation was least at the sacro-iliac synchondrosis. An extreme separation of three inches at the symphysis was attended by a separation at the synchondrosis of only three-sixteenths of an inch. The damage to other structures by the operation was not serious. The elasticity of the muscles and ligaments of the pelvis during labor could be counted upon as contributing at least half an inch to all the diameters as obtained by pelvimetry. The operation could be divided into four stages: the preparation of the surface, division of the tissues down to the symphysis, division of the cartilage, and division of the infra-pubic ligament.—[*New York Medical Journal*.

### **Bicarbonate of Sodium in Diabetic Coma.**

Huchard (*Revue Gen. de Clin. et de Therap.*, March 1, 1893), again calls attention to the value of large doses of bicarbonate of sodium in the prodromal state of diabetic coma. He states that precursory symptoms—somnolence, dyspnea, muscular weakness, etc.—entirely disappeared in the course of a week when the dose of the alkali was increased to thirty and then to forty-five grammes per day. He also reports a case treated in the same manner by Chaufoard, which confirmed the value of this treatment. In this patient the headache, vertigo, mental depression and the falling off of the urine disappeared within forty-eight hours after the daily administration of twenty grammes of bicarbonate of sodium. With the disappearance of the grave symptoms, the perchloride of iron fails to give with the urine the reaction for diacetic acid. Since the intravenous injections of alkalis have failed in the treatment of fully developed cetonemia, the author claims that the successful use of large doses of sodium bicarbonate in the prodromal state is a distinct advance in the therapy of diabetes.—[*University Medical Magazine*.

### **Third Case of Tetanus Treated with Tizzoni's Antitoxin; Recovery.**

Dr. E. Finotti (*Wiener klinische Wochenschrift*, February 11, 1893,) reports a third case of tetanus treated with Tizzoni's "antitoxin." The case was brought into the hospital with severe, well-developed traumatic tetanus. The symptoms became much less severe under the use of the antitoxin, but increased in severity when the supply became exhausted. When the injections were again begun the symptoms became rapidly less, and the patient made a prompt recovery. From a splinter which had been removed from the wound, inoculations were made in guinea pigs, and these died with well-marked symptoms of tetanus.—[*University Medical Magazine*.

### **The Newspaper Idea of Favus.**

Under the heading Buchen has a Strange Disease, the *Sun* lately informed its readers that a lad named Buchen, an immigrant from Austria, had been denied the privilege of landing, because he had favus, "a fungous disease of the scalp which, although common in some parts of Europe, especially among the Russian Jews, has not yet been found in this country." "On account of the malignant nature of the disease," the *Sun* goes on to say, "it is extremely dangerous to approach within three or four yards of the person afflicted."—[*N. Y. Medical Journal*.

### **Treatment of Meniere's Disease.**

Dr. Romeo Mongardi (*Annales des Malad. de l'oreille*, December, 1892) reports three cases of Meniere's disease cured by the administration daily of three powders containing each three grammes of bromide of potassium, and three pills (valerianate of iron one gramme, opium twenty-five centigrammes, extract and powder of cascara sagrada q. s. ad pil. xii). The

cure was permanent. The superiority of this method over the cinchonism suggested by Charcot consists in :

- (1) The remarkable improvement of the hearing.
- (2) The disappearance of the vertigo after the first day's treatment.
- (3) The permanent disappearance of the titubation.—[*University Medical Magazine*.

### Chloral and Camphor in the Treatment of Chancroid.

In the March number of the *Annales des Maladies des Organes Genito-Urinaires* there is a summary of an article by Dr. E. Cavazzani, published in the *Giornale Italiano Delles Malattie Veneree e Della Pelle*, on the treatment of soft chancre with a mixture of five parts of chloral hydrate, three of camphor, and twenty-five of glycerin. The author reports twenty-six cases treated with this application in which a cure was attained in from two to eighteen days. It is said that the secretion diminishes rapidly and soon ceases altogether, that the local inflammation subsides notably, that the epithelium is regenerated speedily, and that suppurating buboes are a rarity.—[*N. Y. Med. Journal*.

THE official reports of the cigarette manufacture, which are carefully taken by the Internal Revenue Department, gives a total of 16,581,646,440 cigarettes as the output for the past eight years. Taking the average length of each cigarette at three inches, this would make a total of 4,145,411,611 feet for the entire roll. Dividing this by 63,360, the number of inches in a mile, would make a total of 65,426 miles, or a cigarette girdle extending nearly three times around the earth. Calculated at the lowest retail rate of 50 cents per 100, the cigarette smokers of the United States spend \$16,052,019 a year on their hobby.—[*National Medical Review*.

# PHARMACY.

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This Department is conducted by the Secretary of the Arkansas Board of Pharmacy, to whom all communications relating to it should be sent. Address,  
MR. W. W. KERR, Russellville, Ark.

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## American Pharmaceutical Association.

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The forty-first annual meeting of the American Pharmaceutical Association, held in the City of Chicago August 14-19, was the most memorable one in its history. Aside from the Columbian halo, which seems to surround everything that transpires this year, it was memorable in that it met in what is at present the most distinguished city in the world, and at a time when it attracted the gaze of the whole world as it never has, and probably never will again. It was memorable in that its meetings were held amidst the grandest display of object lessons that has ever been brought together, illuminating its discussions by ocular demonstration and tangible illustrations. It was memorable because of the presence of so many distinguished pharmacists from abroad, lured thither by the International Pharmaceutical Congress. It was memorable, too, in that it formed the opening prelude to that distinguished assemblage, and it was sadly memorable in the absence of its much venerated permanent Secretary, Prof. John M. Maisch, who was prevented from being present by a sickness which carried grave doubts of recovery.

The Arkansas Association was represented by Messrs. W. L. Dewoody, E. E. Shendal and M. A. Eisele, the first two serving on the nominating committee.

Contrary to the expectations of many, the attendance upon the meetings of the several sections was good, notwithstanding the many outside attractions.

A pleasant punctuation mark in the annual address of President Remington was the presentation of the first copy of the United States Pharmacopoea of 1890 that, to use his own words, "had ever seen daylight."



The following officers were elected for the ensuing year: Edgar L. Patch, Boston, President; E. O. Daly, W. Rodgers and Charles Caspari, Vice-Presidents, with the former incumbents Secretary and Treasurer.

The committee on time and place of next meeting reported in favor of Hot Springs, but the Association afterwards changed it to Asheville, N. C., for one reason, as was stated by some, that the former place was too far from the center of pharmaceutical influence. Those gentlemen are respectfully referred to the nearest school atlas. Their evident want of familiarity with that standard would cause us to hesitate before receiving them as apprentices in a drug store. The place selected, however, is an admirable one, and should call out a large attendance; meanwhile Hot Springs will come again and convince the most incredulous that she is not only the center of pharmaceutical *infloence*, but the hub of the universe with a hot box.

Two hundred and ten new members were reported as having joined since the last meeting, a larger number than ever before in the same time. The sum of \$1000 was placed at the disposal of the International Congress for the purpose of publishing an International Pharmacopoea.

A special committee on membership, consisting of one member from each State and Territory, and one each from the District of Columbia, Nova Scotia, Ontario and Quebec, was provided for, to solicit members from their respective sections and report to council's committee. This is a good move and will doubtless result in large accessions.

The papers read before the several sections showed progress both in numbers and quality. The finances of the institution are in a most healthy condition, and altogether it is a matter of surprise that more Arkansas pharmacists do not belong to it.

## Association Dots.

THE Committee on Legislation was instructed to bring in at the next meeting a report on such amendments to the pharmacy law as it would be wise to present to the next Legislature. They request members to make any suggestions they may have to offer through these columns.

AN AMENDMENT to our constitution was filed dispensing with the membership fee and leaving only the annual dues (\$2) as the cost of admission, and transferring the whole matter of fees from the constitution to the by-laws, in order that they may be more readily changed from time to time as thought necessary. Suggestions are in order along this line.

THE President was instructed to appoint a committee of five to attend the World's Fair and report whatever might be of interest to Arkansas pharmacists. It is to be hoped that he succeeded in securing such a committee, and that they will give us an exhaustive report next year.

THE question of advertising was quite freely discussed, and some valuable suggestions on the subject brought out. However different the views of many were, all were agreed that honorable treatment of customers, affable manners and a good variety of good goods were the best means of influencing trade and insuring success, and they are right.

THE Association decided to pay for its own entertainments hereafter and expropriate where it pleases.

EISELE had a prescription handed him to be refilled, with instructions to make it "half as weak." What would you do with it?

Now is the time to go to work to make the Hot Springs meeting next year a grand success. The American Pharmaceutical Association will not be there to occupy the room, and the Arkansas Association must fill up the space, and we must *fill her full*.

W. W. KERR of Russellville, Ark., has been appointed by

the President of the American Pharmaceutical Association as the member of the Committee on Membership for this State. He will be supplied with blank applications, and will be at all times ready and happy to furnish information to all inquirers. He will make a strong effort to secure an application from every eligible pharmacist in the State, so you may look out to hear from him again and often.

WE LEARN that Mr. E. T. Mitchell has resigned his position with Parke, Davis & Co. It is to be hoped that it will not be for long, at least that he may not leave this territory. We do not see how we can ever get along at our meetings without Mitchell's presence. He puts life in them, and his absence would create a large vacuum.

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### **A Pharmaceutical Display.**

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At the last meeting of our Association, after considerable discussion, it was decided to continue the committee on drug display, which has for several years had an existence without a vocation, under the changed name of "Committee on Pharmaceutical Display."

The Association offers a prize of a gold medal for the best, and a silver one for the second best display of U. S. P. pharmaceuticals made by a member of the Association and exhibited at an annual meeting, quantity and quality, not elegance of display, considered. The object of this is to stimulate home manufacture of such products, and it must be conceded to be a most laudable one.

The committees heretofore in charge of the matter have not exerted themselves to work it up—if we except the first one formed—as they should have done, and hence the members have not been informed of the offer. Outside of those who have been attending our meetings, it is doubtful if half a dozen know that such a scheme has been devised. There is no sort of a doubt but that if it were properly advertised, there are a

number of pharmacists in the State, especially amongst our younger members, who would gladly avail themselves of the offer, and who could make such an exhibit as would be a credit to any association.

Dr. John B. Bond, Little Rock; A. L. Morgan, Camden, and Marcus Hulse, Fayetteville, constitute the committee this year, and it is to be hoped that they will put forth an extra effort to secure a display at Hot Springs next year. This journal, and doubtless all the journals will be at their disposal for this purpose. An announcement setting forth the proposition and the rules that will govern the contest, mailed to each member of the Association, and published with the proceedings, would be a good idea. Let the matter be vigorously prosecuted.

### Copyright Laws.

At the Fort Smith meeting of the Arkansas Association, the A. P. A. was memorialized to petition Congress to repeal the copyright laws which protect the name and process of manufacture of chemicals and remedies used for the relief of human suffering. On account of the time consumed by that body in discussing the cutting question, the memorial was crowded out. At our last meeting it was again sent up, but so far as the synopses of the proceedings of the Chicago meeting as published in the journals show, it was not considered. Too much "Midway Plaisance," may be.

### Prof. John M. Maisch.

The journals for September bring us the intelligence of the death of this distinguished member of our profession, which sad event took place at his residence in Philadelphia Sunday morning, September 10. He had been ill for nearly six months



and his death not unexpected ; nevertheless the blow to the whole pharmaceutical circle, to say nothing of his own immediate family, is benumbing. It is safe to say that the profession had no more profoundly learned exponent than Prof. Maisch, and humanly speaking, it would seem that the gap made by his departure could not be filled. Although a man apparently not strong physically, he had an enormous capacity for work, and there are few men living who have accomplished as much as an author and teacher. It is within the writer's knowledge that amid all of his multifarious labors, he could yet find time to sit down and write a private letter in answer to a pharmaceutical question, and took pleasure in doing so, preferring it to answering them through the columns of the journal he edited. Frequent favors of this character, added to a very pleasant personal acquaintance, makes the announcement almost a personal bereavement.

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### **N. F. Preparations.**

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Quite an interesting discussion as to the best method of introducing N. F. preparations to the attention of physicians, enlivened a portion of the time of the last meeting of our Association.

Eisele thought the best plan was to sample them freely after the manner of the wholesale manufacturers. Dr. Bond was of the opinion that the druggists in the cities and towns should form themselves into associations for their manufacture in order to dispel the "bug-under-the-chip" idea that sometimes creeps in, and give them the prestige of the combination. Carr preferred the plan of exhibits before State and County Medical Societies. The weight of opinion seemed to sustain Mr. Eisele's view, and there is no sort of doubt but that if that plan were persistently followed, it would not be long until they would be prescribed in place of the semi-proprietary medicines in a large majority of cases.

In this connection we would beg to call the attention of our readers to the fact that these columns come constantly before the eyes of the most intelligent and progressive of our physicians, and why would they not afford a good means of bringing the N. F. P. to their attention?

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### Seventh International Congress

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Convened in Chicago August 21. Prof. Remington was elected President, an honor worthily bestowed. The question of an International Pharmacopœa was a prominent one. The conclusion was that further than to include the more potent remedies, such a scheme was impracticable, but preliminary action looking to the publication of such a standard was had. One interesting feature of the occasion, to American pharmacists at least, was the presentation of the Hanbury medal, through the congress, to Prof. Maisch. The presentation speech was made by Mr. Carteighe, President of the British Pharmaceutical Society, and the medal entrusted to President Remington for delivery. Prof. Maisch is the sixth to receive this distinguished honor, and the first American.

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### Valzine.

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A chemist of Berlin has discovered a new substance, valzine, which he thinks will replace saccharine. Its sweetening power is a little less than that of saccharine which is 300 times that of cane sugar. Valzine has only 200 times the power of cane sugar, but without any of the inconveniences that impair the success of saccharine. The origin and exact chemical composition of valzine are yet secret.—[*Journal de Medecine de Paris*, June 18, 1893.]

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Original Articles.

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Report of the Committee on State Medicine.

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BY J. D. SOUTHARD, M. D., FORT SMITH, CHAIRMAN.

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[Read at the Eighteenth Annual Session of the Arkansas Medical Society].

*Mr. President, and Gentlemen of the Arkansas Medical Society:*

Being absent from home, I was not informed of my appointment to the chairmanship of your Committee on State Medicine until my return, the middle of April. I did not then have time to collect data for a report such as I should like to bring before you. I addressed communications to all members of the committee; some responded, others did not. Our report is not, therefore, as complete as it should be.

State medicine and hygiene are questions in which, as physicians and guardians of the public health, we are all interested. It is to us the people look for protection against cholera and other deadly epidemic diseases, with, seemingly, a wonderful confidence in our ability to accomplish without other assistance all that is desired. This confidence seems to be very largely shared by our present chief executive and members of the Legislature. When this body was in session a few weeks ago, cholera seemed more menacing than now, and notwithstanding the danger was pointed out repeatedly and

the utter helplessness of the State Board of Health to accomplish anything without means was made known, not a dollar was appropriated for its uses. Hence, it would seem that they are willing to trust the profession, through boards of health and otherwise, not only to draw plans and specifications, and lay out and superintend the work, but also to furnish oil to lubricate and steam to run the machinery. Should cholera reach this country during the summer we would occupy a very helpless and ridiculous position. Without government support we would be at its mercy; and in this connection I would suggest that the Committee on Medical Legislation be instructed to see Gov. Fishback before the Legislature meets again and secure his co-operation, to the end that a suitable appropriation may be made to enable our State Board of Health to act as would be necessary in the event of an outbreak of cholera or other epidemic disease.

The sanitary condition of the principal cities and towns throughout the State is good, most of them having regularly organized boards of health which are doing good and efficient service. The most terrible and fatal outbreak of disease appearing within our borders for many years was that occurring among the State convicts last December while in camp at Helena. The symptoms of this disease were said to be identical with those of Asiatic cholera, but upon microscopic examination of the dejecta, the comma bacillus of Koch was not found. The cause of the scourge was quite clearly traceable to the use of drinking water contaminated by sewage, or to the eating of decayed vegetables; and hence was preventable. The facts in the case as published at the time, show an inexcusable disregard of all sanitary laws upon the part of those persons whose duty it was to look after such things. A detailed report of this outbreak may be found in the *JOURNAL*, January 15, 1893.

Lagrippe has prevailed in many sections of the State, but in a very mild form. It seems to have lost its virulence and to be gradually dying out.



The following are reports received from members of the Committee in various counties throughout the State.

Dr. George F. Hynes, of my own (Sebastian) County, makes the following report :

"Among the many advances that are due primarily to the direct influence of scientific medicine, perhaps none reflect more credit than the strides noticeable, especially in our cities, which have been made by sanitary science. The City of Fort Smith, in the attempt to keep in line with the spirit of improvement has, as will be shone later, proven that faithfully carried out measures for the health of her people are not only creditable to the municipality, but that from the planting of carefully selected machinery, there has come the fruit of greatly improved health to her citizens. The eight public school buildings are many of them models of architectural skill. Ventilation, heating and lighting, have been all studied and the most approved systems followed. The plumbing in all is thorough, and hydrant water is made potable, no matter how the river is, by the use of ice in hot weather, and to each school has been supplied a most excellent filter, the " Pasteur," which has the advantage that it is fastened to the supply pipe. The children walk to school over about forty miles of stone pavement, thus avoiding mud or dust. For these, then, the future men and women, the efforts at preventive medicine that have been made by the city leave but little to be desired.

The paveing of Garrison avenue with vitrified brick (nearly a mile), at a cost of \$116,000, and nine blocks of North Sixth street with same, at \$18,000, is a great aseptic measure. The water works plant, valued at \$500,000, has a capacity of (reservoirs, 3,500,000; stand-pipe, 500,000)—4,000,000 gallons. The water obtained from the Poteau River, a stream whose source is in the mountains to the south, is distributed through thirty miles of mains, and besides furnishing wholesome water to man and beast, accomplishes the flushing to fullness twice in the twenty-four hours of the city sewers. This office is performed by means of fifty automatic flush tanks after the manner of Mr. Waring. As will be seen by

table No. 2, the death rate prior to the improvements, and to the year 1890, was excessive. As many as 26 per thousand died in a year, while in 1891, the average death rate has decreased to 16.50 per thousand. (See table No. 2).

The year 1890, and the succeeding years, show gradual lessening of our mortality, and the twenty-seven miles of sewers, built at a cost of \$165,000, exclusive of city engineer's work, completed in 1889, together with the three miles of storm sewer, built at an expense of \$25,000, give evidence unquestionable of the good done, and we find in 1892 the average deaths in a thousand from the various diseases to be only 15.3."

Dr. R. B. Christian, of Pulaski County, writes me as follows:

"Contagious diseases have occurred during the past year in Little Rock, but only sporadically. The city and county have escaped the prevalence of epidemic diseases of any character. The diseases of a contagious character occurring sporadically have been diphtheria, scarlet fever, measles, whooping-cough and varicella. The mortality from these diseases, I am glad to state, has been very light. During the summer and fall of last year there was the usual prevalence of malarial disorders, although confined principally to that class of people who live in low, swampy localities, and whose occupations necessitate much exposure to bad weather and night air, and also involve a great deal of irregularity in eating, sleeping, etc. More comfortable living, more regular living, less intemperance and exposure to the vicissitudes of weather and climate, would no doubt conduce very largely to exemption from all diseases of a miasmatic origin, and especially among that class of people referred to. The health of Little Rock has very much improved during the last six years, which has no doubt been brought about to a very large extent by the construction of good streets and sidewalks, thus facilitating drainage, and at the same time, adding much to the cleanliness of the city and comfort of the people. During the winter and spring months the usual amount of catarrhal troubles prevailed, both in the city and county, but were attended with very little fatality. I

submit herewith mortuary report for City of Little Rock for year ending March 31, 1893." (See table No. 1).

Dr. A. C. Jordan, Pine Bluff, says :

"The last year has been one of unprecedented good health. There has been neither diseases of an epidemic or endemic character, and the ordinary type of malarial manifestations have been, during the last summer and fall, of less frequency and of a much milder character. The sanitary condition of this city and surrounding country is bad, little attention being paid to sanitary improvements, either by our officials or the average citizen."

Dr. J. H. Shibley, writing from Logan County, says :

"Logan County for the twelve months ending May 15, 1893, has been free from epidemic diseases with the exception of lagrippe, which made its fourth annual visitation during the winter months, cases occurring the last winter were as a rule milder than those of the three preceding winters. In this, as in the preceding epidemics, there were many cases which showed very clearly the infectious nature of the disease. In former years sequelae of grave import have not been rare. In several cases tuberculosis of the lungs has followed so closely on an attack of lagrippe as to indicate a casual relation. In others a persistent lowering of the vital tone, with anemia and neuralgic pains, has expressed the profound impression made by the infection.

"Of the contagious diseases of children, whooping-cough has been the only one to visit our borders. It has prevailed rather extensively in the county and been attended with a considerable mortality. The indifference with which this disease is regarded is as remarkable as the carelessness with which it is disseminated, is reprehensible. Is there no remedy for the promiscuous and wided-spread propagation of this and other contagious infantile diseases? Is not a person who carries a child affected with whooping-cough or other contagious disease to a place where it is apt to infect other children, guilty of gross crime against the life of his neighbors? I think so,



and I believe that the strong arm of the law ought to be invoked to restrain such criminally careless people.

"Malarial diseases are steadily decreasing in frequency and malignancy with the improved drainage incident to cultivation of our alluvial bottom lands. The last twenty years, the period of my residence in this county, has wrought a decided improvement in this respect, and consequently in the general health of the community.

"Pneumonia, the great winter scourge of this locality, has lost decidedly in the frequency and severity of its attacks, coincidently with the decline in the intensity of the malarial influence. I doubt not that the decline in the severity of the malarial diseases is due in a large measure to another cause, viz., the more rational treatment now in vogue. The early resort to preparations of the cinchona alkaloids, instead of mercurial and other cathartics, both in professional and lay practice, has operated greatly to the advantage of the subjects of treatment, not only in shortening the period of sickness, but also in preventing complications and sequelae.

"Paris, the county seat, has enjoyed exceptionally good health. The last twelve-month has recorded no death, in a population of 1000, from malarial, typhoid or other fevers, from the exanthemata, from pneumonia, diphtheria, dysentery or other epidemic or endemic disease, except whooping-cough, la grippe and tuberculosis."

Dr. J. A. Westerfield, of Pope County, says:

"There has been no form of epidemic disease here, save a slight outbreak of measles, with only one death. La grippe has prevailed, but not to such an extent as before, and in a modified form. I have observed a few cases of gastro-intestinal catarrh which I have attributed to la grippe. It was characterized by nausea and vomiting, and later by a dysenteric form of diarrhoea. Not much is being done in the matter of sanitary improvement, and so far as our rural sections are concerned we will have to depend upon the growth of the agricultural interests. As the lands are drained and the timber destroyed health will improve. But it will not be possible to



make sanitary improvements to any extent in the country, as the people cannot be brought to an appreciation of its importance."

[To be continued.]

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## Surgical Cases.

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BY J. A. DIBRELL, JR., M. D., LITTLE ROCK, ARK.

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[Read in the Section on Surgery at the Eighteenth Annual Meeting of the Arkansas Medical Society.]

CASE I. *Linear Craniotomy for Microcephalus*.—In June, 1892, the parents of Cora H. were referred to me by Dr. Thompson for surgical treatment of their child. The child was a weak, delicate creature, with a poorly nourished body and an abnormally small head with a facial expression decidedly idiotic. The little girl was white, aged 3 years, born of healthy parents. Both father and mother by previous marriages have hearty children, and another child of this marriage, born since the feeble child, the subject of this report, is a strong, healthy infant. No history could be obtained of any constitutional disease in either parent. Cora had never been able to utter more than two or three monosyllables, has never been able to stand or sit alone or hold her head erect, but it drops from one side to the other when held upright. Her wants require the same attention as an infant a few weeks of age.

Measurements of the head were as follows: bi-parietal, 4 inches; occipito frontal,  $4\frac{5}{8}$  inches; circumference, 16 inches. There was complete ossification of all the sutures and fontanelles. Friends of the parents had sent them newspapers, giving glowing accounts of operations made for this condition and the subjects had been completely cured in mind and body. They were importunate that their child should have the benefit of a trial. They took a most sensible view of the matter, arguing that the child's condition could not be made worse and that the operation afforded some prospect of benefit; that if it died under

the operation they would have the satisfaction of having exhausted every resource, and in that event, would assume the entire responsibility and absolve me of all blame. Under these circumstances I agreed to do the operation but could promise them nothing.

I sat about at once to look up the literature of the subject and after a prolonged search through such journals as were accessible to me, I found only a few cases reported. Knowing that Professor Keen, of Philadelphia, had operated a number of times, more frequently than any other surgeon in this country, and that Drs. Gerster and Wyeth, of New York, had also made the operation, I wrote them asking their opinion, as to the justifiability of the operation after their mature experience. From each of these distinguished surgeons, I received valuable suggestions. From these letters I will quote farther on.

July 11, 1892, with the assistance of Drs. Kempner, Miller, Gibson and Prather, I operated upon this child. The head was first shaved and thoroughly cleansed, then an incision three-fourths of an inch to the left of and parallel with the sagittal suture from a point near theinion to the junction of the hair with the scalp on the frontal bone. Turning the flap outward and raising the pericranium along the same tract, and cutting off a strip a half inch from the latter, applied a half inch trephine over the site of the fissure of Rolando. The button of bone removed. Then with the Keen rongeur, I cut away a strip of bone the entire length of the wound, one and one-half times the width of the cutting edge of the instrument. Then again another strip from the trephine opening downwards one inch toward the ear. The latter cut is a suggestion from Dr. Keen. I cut away the prominent corners at the junction of these grooves in the skull so as to leave a large opening one inch in diameter—an artificial fontanelle. There was no hemorrhage of consequence except from the scalp, and this was speedily arrested by passing animal ligatures through the entire thickness of the scalp, parallel with the wound, embracing in each loop bleeding points, which could not be seized with forceps or tenacula.

The child's recovery from the operation was rapid and uneventful. The temperature a few hours after the operation was  $101^{\circ}$ . The next day it was normal, and so it remained.

More than ten months have now passed, and I am unable to perceive the least improvement in the child's condition. Her parents observe, however, that the child is far less nervous than before the operation. They are very anxious that another operation be made on the opposite side, a procedure Dr. Keen favors, and I would probably have made it before this, but for an illness of several months duration, which has prevented me from doing professional work of any kind.

Extract from letter of Dr. Keen, June, 1892:

"My experience now covers twelve cases of craniotomy for microcephalus. I certainly would at present operate on cases under eight years of age, but not over, and in cases with sufficient physical vigor to make recovery probable. I would only operate on one side at a time, but make the incision as long as possible, from the forehead into the occipital bone, and possibly or even probably "T" shaped by a vertical incision toward the ear. My results have been those of improvement in almost all the cases that have survived; an improvement makes the operation worth doing. But do not promise too much intellectually or even physically."

Extract from Dr. Gerster's letter:

"I consider the operation of linear craniotomy to be a very serious one in small children, on account of the unavoidable hemorrhage accompanying it. Yet, in view of the otherwise hopeless outlook, I am still willing to undertake it in well nourished individuals at the direct request of their parents. As our diagnosis is very unsatisfactory as to the condition of the brain of microcephalics, the operation often is the only test of the presence or absence of cerebral structures, that if present might develop, if the confinement due to premature ossification of sutures be relieved by craniotomy. On the whole, my standpoint as regards the future of the operation, is not a very cheerful one."

Dr. Wyeth writes:

“The operation is so dangerous that I shall hereafter undertake it only in cases of *very marked microcephalus* with undoubted symptoms of compression.”

CASE II. *Complete Rupture of the Membranous Portion of the Urethra, External Urethrotomy and Suture of the Torn Extremities.*—The Rev. T. M., aet 41, on the evening of June 2, 1892, met with an accident in the following manner: He was out for recreation on his bicycle, a machine of the “safety” variety. In “coasting” down a rather steep incline, going at a high rate of speed, he noticed a vehicle in front of him in the road, and in attempting to avoid a collision, he changed suddenly the direction of his wheel and ran into a ditch on the side of the road. As he entered the ditch, he attempted to jump from the machine, and fell astride the rear wheel, striking the iron guard which covers it against his perineum with great force. He felt that he had injured himself, but did not realize its nature, nor had he any idea of its extent and danger. Notwithstanding the pain, which was considerable, he again mounted his bicycle, rode home, covering the distance of some two miles, in taking advantage of smooth roads and streets. On his arrival home, he noticed quite a profuse hemorrhage from the urethra. My brother, Dr. E. R. Dibrell, and myself were summoned, but both of us being engaged did not respond. Dr. Weny, of this city, however, was found and prescribed tentively, applying cloths wet with ice-water to the perineum to arrest the hemorrhage from the urethra, and administered morphia hypodermically to relieve pain. The next morning my brother visited the case and reported a rupture of the urethra, and that he regarded the case a very serious one. At 11 a. m., June 3, I saw the patient, having previously put such instruments in my sachel, needful in a case of perineal section.

I found the patient still suffering to some extent, but not so much as was reported by Dr. Weny the night before. Active hemorrhage from the urethra had ceased, though there was some oozing. The scrotum was the size of a small cocoanut, blue black, and indurated; the perineum without the slightest



abrasion, was of the same color, distended and very hard. This ecchymosis was very extensive, reaching out laterally to the nates, over the tuber ischii, along each groin, and above in the abdomen midway between the pubes and umbilicus.

Up to this hour the patient had voided no urine and fortunately no attempt had been made to pass a catheter. Patient was placed on a table and anesthetised with ether; a sound was passed down to the perineum and the usual section made. When the skin and superficial fascia were divided, I came upon a mass of black, coagulated blood. This coagula by its pressure had formed a large cavity extending upward into the scrotum and downwards. The quantity removed was more than sufficient to fill the hand. The urethra was found completely divided, with the broken extremities separated fully two inches, the blood clot intervening. The soft parts within the wound appeared to be pulped, and mashed here and there into shreds. Several small nerve filaments, an inch or more in length, lay within the wound, as clearly separated from surrounded tissues as if they had been dissected out with painstaking care. The ragged appearance was such that it (as one of my associates expressed it) "looked as though it had been run through a sausage-grinder." In taking away the clots a profuse hemorrhage occurred, and though only one small spouting vessel was seen and promptly ligated, blood flowed freely from the lacerated tissues in every direction, and in the few minutes expended in search of the proximal extremity of the urethra, some sixteen ounces of blood was lost. I endeavored to pass a catheter by way of the meatus, and then through the perineal wound, but without avail, until it became apparent that if effort in this direction was much prolonged, the patient would die upon the table from hemorrhage. I therefore packed the wound closely with iodoform gauze, which arrested the flow of blood. The bladder, though no urine had been voided since the accident, was not much distended. At 3:30 p. m. I removed by supra-pubic aspiration, one quart of urine. June 4, a. m., temperature,  $99\frac{1}{2}^{\circ}$ ; p. m.,  $99\frac{1}{2}^{\circ}$ .

During the night there was considerable serosanguinolent


oozing, but no active hemorrhage. Removed the gauze and repacked with the same material. Quite a free flow of blood was started at 5 p. m., when I again changed the dressing, after having tried to pass a catheter without success. Not a drop of urine had yet escaped from the bladder through the wound or urethra. I again aspirated the bladder.

June 5th, a. m., with the assistance of Drs. Weny, Gibson, Miller and E. R. Dibrell, the patient was fully anesthetised and placed on a table. A strong thread passed through the lips of the wound, enabling the assistants to widely separate them. Appearance of the wound much improved; constant drainage has greatly reduced the œdema distention and ecchymosis; manipulation caused very little bleeding; a careful, prolonged, but finally successful search was made for the proximal end, which being hidden by retraction in the contused, swollen and ragged tissues, was a most difficult task. The distal end was like the other, ragged, suggesting the idea that the urethra had snapped under extreme tension, in the same manner as a piece of twine is broken, and this was no doubt the case, the patient having been thrown with violence astride the iron wheel of his bicycle in a backward direction, the tension in the urethra caused it to part a short distance below its bulb. A catheter was introduced into the bladder through the proximal end. Both ends of the urethra were slightly trimmed, and two strong cat-gut ligatures were passed through the upper walls of the two widely separated ends, the first introduced in the proximal end and then upward through the distal, the two sutures by traction on them approximating only one-half the tube, the upper half (the patient being in the lithotomy position). The half next to the wound in the perineum was not sutured, but through the wound and the aperture in the urethra a small catheter was passed into the bladder. The catheter was closed with a small plug, which the nurse removed whenever it was necessary to empty the bladder. This instrument was retained some eight or nine days; then I began the use of sounds, beginning with a No. 6, American scale, and gradually increasing its size. After some weeks

I was able to use a No. 18, and this instrument the patient now uses himself once a week. The wound closed rapidly, but a small fistulous opening remained, allowing the escape of a drop of urine now and then, until the first day of the present year, when all discharge ceased and the wound entirely closed. The patient is now in perfect health.

This case occurred during the meeting of the State Medical Society last year. I made a verbal report of it after I had failed to find the proximal end of the urethra, and then outlined the course I intended to pursue in the management of the case, which I was fortunate in being able to carry out. One of the members, Dr. Hutchinson, suggested in case of entire failure, that a supra-pubic cystotomy be resorted to, and a sound passed from above into the urethra, a course I thought at one time I would be compelled to follow.

CASE III. *Wiring the Patella for Fracture of 13 Months' Standing.*—Mr. W. J. T., white, male, aet 35 years, 6 feet in height, weighs 212 pounds, was kicked by a horse April 8, 1891, causing a fracture of his left patella. This accident occurred in the following manner: He was seated in a two-wheel vehicle called a road-cart, which had no dash-board and therefore no protection in front. His legs were flexed as is usual in the sitting posture. A twig struck the horse which made him kick upward with above results. There was at that time no abrasion of the skin, but a complete transverse fracture of the patella was sustained just above its apex, a mere nodule of bone being attached to the ligamentum patella. The patient was treated for this injury by a most excellent physician, but he recovered with wide separation of the fragments and a useless leg. In October, 1891, Mr. T. visited St. Louis in hopes of obtaining relief. One surgeon whom he consulted could only encourage him with the assurance that an amputation at the knee joint and an artificial limb would greatly improve his condition, and that in his opinion such a procedure would ultimately be the outcome of the case. At St. Louis another surgeon provided him with a brace intended to support the limb and to coaptate the fragments. The instrument





was certainly of some benefit to the patient, in that it enabled him to sustain some weight upon the leg, and to get along with one crutch instead of two, as formerly. It also must have forced the upward fragment downward in some degree, decreasing the distance between the two, which were, I am informed, at one time fully five inches apart, and rendered what proved to be a most difficult operation, possible of success, in bringing the fragments nearer together. The patient consulted me in April, 1892, at the suggestion of Drs. Sayle and Adams, of Morrilton, Ark. It was a very unpromising one on account of the small size of the lower fragment, a separation of two and one-half or three inches, and the length of time since the injury. I nevertheless determined to try wiring the fragments together. The patient readily consented to any operation that gave any hopes of benefiting his helpless condition. He found it necessary to return home in order to make arrangements for a detention of several weeks in this city. I instructed him to employ the intervening time in kneading the muscles of the thigh, and try to more closely approximate the fragments. Mr. T. was admitted to the Little Rock Infirmary May 4, 1892, and the following day, with the assistance of Drs. L. P. Gibson, D. J. Prather, W. H. Miller and E. R. Dibrell I operated.

An incision was made across the front of the joint, from one condyle of the femur to the other, but nearer the lower than the upper fragment on account of the line of fracture being so near the apex of the bone. The joint opened, the lower fragment was found to be a semi-lunar shaped piece of bone scarcely more than one-half inch in width. The ruptured face of each piece was covered with and firmly adherent to the pre-patella fascia, which had when the accident occurred, dropped down between them. This was cut away with bone pliers, scissors and scraped with a sharp Volkman's spoon, so as to leave the broken surfaces fresh, smooth and bleeding. Two holes were drilled in each fragment so directed from above obliquely downward to the inferior edges, yet not entering the joint. Through the holes was passed a very small canula.



No. 23 silver wire was passed through canula and the canula withdrawn. This little step in the technique of this operation is due to Dr. Phelps, of New York, whose success in wiring the patella for fracture has been phenomenal. It will be appreciated by any surgeon who has attempted to pass a soft wire through cancellous bone tissue. Attempts were now made to bring the fragments together, but with all the force we could apply, a nearer approach than two inches could not be obtained. A large roll of tissue, thick as one's thumb, and extending from side to side, was forced up between the fragments at each attempt. It was apparently composed of fascia and remains of a torn and thickened synovial membrane. This was cut away with scissors and renewed attempts made, but to no purpose, to adjust the bones. An incision was made four inches in length, extending from the center of the transverse, one upward over quadriceps-extensor tendon, one and one-half inches in length, and three V shaped incisions were made through the tendon near its insertion, as recommended by McEwen; then with very strong traction, using great force, terminated in another failure. Some traction was also made upon the wire; in so doing one was broke and the other torn out. Still further division of the quadriceps tendon was made on each side in traverse direction, and finally the central part of the tendon was divided, that is the central tongue of one of the before-mentioned V shaped cuts was divided. When traction was again made with the retractor hooked over the upper border of the patella, it exposed an ugly gap one inch in width and two in length. However we succeeded at last in easily getting the surfaces together. A single hole was drilled through the center of the upper fragment and in other what was left of the lower one, and a doubled No. 8 wire was carried beyond the lower fragment and came out below it, and through the ligamentum patella, so as to include a portion of this ligament, in the loop formed by the wire, which was twisted and turned downward in the line between the pieces. Two small drainage tubes were inserted below in the angles of the wound, using a large trocar

for penetrating the muscles. Two tubes were also placed in the opening in the quadriceps tendon and two others, one on each side, between the skin and prepatella fascia. This fascia was then closely sutured with strong silk, more completely closing the joint and adding strength to the bond of union already obtained. The limb was dressed in plaster, windows being left that the wound might be dressed at will. To add to the many difficulties in this most troublesome case, the patient, after the joint had been opened, came very near dying under the anesthetic. I have never seen a patient nearer death under similar circumstances. But my skilled assistants were adequate to the occasion. Prompt work, artificial respiration and electricity and inversion saved his life to the gratification of all concerned. Ether was the anesthetic administered, and freely with an Allis inhaler, by a most experienced hand for fully a half an hour, without much effect, when a few inhalations of chloroform was given. Anesthesia being sufficiently profound, the operation was begun and the ether resumed. It was when the operation was well advanced that the alarming symptoms came on. It is proper to say that the man's pulse, before and during the operation, was intermittent, though there was no cardiac murmur or other evidence of organic lesion of the heart. It was afterwards learned from the patient himself that he was a periodical drunkard.

Now we were to be confronted with another complication. Immediately following the operation a quarter gr. morphia was administered hypodermically and instructions left with the nurse to continue the morphia every three or four hours if pain was so great as to require it. The patient, however, complained of extreme pain and demanded the drug in constantly increased doses, until by the fourth day he was taking four grains in twenty-four hours. According to his statement, he never took a dose of the drug before. He became wild, excited and very unmanageable, threatening to jump out of the window, etc. Being entirely satisfied that the patient was suffering no great pain, I decreased the dose and substituted paraldehyde and sulfonal, and in a few days had the satisfaction of seeing him

doing well in every respect. The maximum temperature reached on second day was  $101^{\circ}$  F. His temperature was generally  $99\frac{1}{2}^{\circ}$ .

Wound dressed on fourth day in good condition ; no sup-puration whatever. All drainage tubes removed except one at upper angle leading down to tendon of quadriceps.

On 24th dressed the wound in order to apply new plaster bandage ; wound entirely healed ; no ankylosis ; fragments in close apposition and every prospect of the operation resulting in benefit to the patient. He returned home.

June 27, seven weeks after operation, the patient returned. Joint looked well, with co-optation perfect, but I think some motion between fragments of firm manipulation. Instructed the patient to wear his brace for a year. I have never seen this man since. I have endeavored to learn the exact amount of benefit derived from the operation. In answer to a number of letters written him in regard to his condition, I have received two in reply, one from himself and the other from his wife. Both reported great improvement. I have recently learned that getting into trouble of some kind, he was compelled to leave his home for parts unknown.

I feel quite confident that if bony union was not obtained, which was hardly to be expected, the lower fragment being so very small that strong ligamentous union occurred, and useful limb secured to a useless man.

Taking this case altogether, with its various complications, it was one of the most difficult operations I ever performed. It is hardly necessary to state that the strictest antiseptic precautions were observed throughout the management of the case.

## Report of a Death Following Laparotomy.

BY Z. ORTO, M. D., PINE BLUFF.

[Read in the Section on Surgery at the Eighteenth Annual Session of the Arkansas Medical Society.]

Believing that important and valuable lessons may be learned from a faithful report of our failures, and perhaps more impressive than our successes, I have deemed it proper and right to present the following case, though I can assure you that it would have been far more agreeable to me to have selected a successful one :

On the 29th of March last I was called to see Nettie ———, a colored woman aged about 35 years, whose condition I found as follows: Temperature,  $103^{\circ}$ ; pulse,  $120^{\circ}$ ; tongue coated; bowels inactive; complained of great pain all over abdomen, but more intense in right groin. She gave a history of having had two children at full term and two abortions; youngest child living and 7 years of age; last abortion occurred in June, 1892; menstruation has been regular, though giving more or less discomfort and pain for several years, but suffering has been growing more intense at each period since last September, the flow being quite scant. Between her menstrual periods she has been able to attend to her usual avocation (cook) after a fashion, but at no time did she feel well or free from pain; in fact she had not been a well woman since the birth of her last child. Father and mother living and in good health. On examination I found the abdomen distended, tympanitic and very tender, muscles so tense that a satisfactory examination could not be made. Vaginal touch gave negative results, except a somewhat adhesive mass was felt well up in the pelvis, manipulation of any kind giving great pain. After prescribing a saline cathartic to be followed by an anodyne, if necessary, with quinine to be taken during the night, I left her. When I called the next day her condition was somewhat improved, but could not make a satisfactory examination, hence there was no



diagnosis. I again visited her about 7 p. m. the same day and administered chloroform which I hoped would relax the patient sufficiently to allow me to make the much desired diagnosis. Vaginal touch revealed but little more than the former attempt except the mass was somewhat more distinct, but by combined manipulation it could be more or less mapped out. A small enlargement in the right tube could be made out separate from the adhesive mass. No fluctuation. The patient was visited daily, there being a gradual improvement in her general condition until about the fifth day of her illness when a tumor could easily be detected in the right groin. Still no fluctuation. On April 5th she was again anesthetised when fluctuation was detected and the diagnosis of pyo-salpinx was made. The temperature having continued from the beginning of her illness ranging from 101 to 103 degrees, the higher being the evening rise.

After explaining the condition as I understood it to the patient, and advising abdominal section as being the safest course to pursue, her consent was given.

On April 6, assisted by Drs. Jordan, Runyan, Hart and Banks, of this city, I attempted the removal of the pathological condition in the pelvis. After the usual antiseptic preparation of the patient, and the administration of chloroform, an incision was made in the linea alba, dissecting each layer of tissue in turn. When the point was reached where the peritoneum should have been found, the tissues were observed to be very much thickened and gave a cartilaginous feeling under the knife. On opening what seemed to be the abdominal cavity, to our dismay and astonishment, the opening led into the intestine. After careful manipulation and examination the following condition was made out: The intestines were adherent to each other and to the uterus, tubes and ovaries, and peritoneum, forming one complete mass, though not so compact as to give a rounded or hardened condition with definable margin. Where the intestines had adhered to the peritoneum their walls were completely absorbed, hence the opening into the gut by the incision. The fluctuating tumor proved to be a very thin-

walled sack that ruptured the moment the finger came in contact with it, containing a yellowish water mixed with what was thought by some of the physicians present to be pus, though in small quantity. The peritoneum about the pelvis was very much thickened and quite rough, giving a feeling which would remind you of a calloused condition. In order to make out the condition that has been described, and in fact, before we could be sure whether or not the intestines had been entered at the point of incision, so abnormal were the parts, the marginal adhesions were broken loose with the finger, revealing the true condition of things. The rent in the gut was, after freshening the edges with scissors, closed, by Lembert Czerney sutures, as rapidly as possible. The abdominal cavity being flushed with warm Thiersch's solution and hot water, the wound in the abdomen was closed, leaving a glass drainage tube adjusted to the most dependent part of the cavity. The patient was now put to bed and surrounded with bottles filled with hot water, her pulse being quite feeble, and having other marked symptoms of severe shock, she was given, hypodermatically 1-20 grains of strychnia, which was repeated at intervals during the afternoon. Alcoholic stimulants were also administered in moderate quantity. Caffiene, strophanthus and strychnia were prescribed to be given during the night. Some four hours after the operation the patient's pulse rallied, and it seemed that reaction would take place, but this was only temporary, and the patient began to decline, and continued to do so, notwithstanding the supportive treatment, and died of heart failure at 5 a. m. the next day.

The opinion of the physicians present, was that the condition was of a malignant character—probably carcinoma. A piece of the intestine that was removed from the intestinal rent, in freshening its edges, was saved for microscopical examination, but was in some manner misplaced and lost. No autopsy was held.

The points of interest in this case are obvious, and are, I hope, sufficient apology for the presentation of this paper.

# THE JOURNAL OF THE ARKANSAS MEDICAL SOCIETY.

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## Editorial.

### THE ARKANSAS STATE LUNATIC ASYLUM.

Last month THE JOURNAL mentioned the resignation of Dr. Hooper as Superintendent of the Lunatic Asylum. He could not be induced to reconsider his determination and his resignation was accepted. As showing the non-political character of this institution, it may be of interest to mention that the first Board of Trustees appointed by a Republican Governor consisted of Judge H. C. Caldwell and Dr. George R. Weeks, Republicans, and Hon. A. H. Garland, Capt. John W. Faust, Dr. P. O. Hooper, Democrats, with Col. Gordon N. Peay, Democrat, as Secretary of the Board. This Board expended the first

small appropriation in a thorough investigation of asylum buildings and management, and for that purpose sent Dr. Hooper on a tour of investigation. He visited and studied the best institutions of the country and made an elaborate report. The present location was selected and purchased by this Board.

Since the erection of the buildings the following gentlemen have from time to time composed the Board: Dr. P. O. Hooper, Rev. T. R. Welch, Hon. John W. Stayton, Hon. J. M. Hudson, Hon. John G. Fletcher, Rev. T. C. Tupper, Major John D. Adams, Col. B. S. Johnson, Dr. A. L. Breysacher and Hon. R. K. Walker.

Great care was taken in planning and erecting the buildings, which were completed in 1882, the institution being opened the following year. Perhaps the most difficult task the first Trustees had to perform was the selection of a suitable man for Superintendent. Any number of applications were presented, but the Board preferred to make its own investigations and took time to select a competent man. After months of correspondence and closest scrutiny, Dr. C. C. Forbes was selected. He had made an enviable reputation in asylum management in Kentucky and brought to the new institution his long years of study and experience.

He filled that position with the utmost satisfaction until he decided to remove from the State, and then it was that Dr. Hooper was induced to become his successor.

Dr. Hooper had spent years of study in asylum management, and had visited this institution almost daily from the day the very first stake was driven in laying out the foundation. He was familiar with the minutest detail of everything connected with it from the little pump that filled the boiler to the most complicated heating, lighting and cooking apparatus. He knew all the patients and took a personal interest in each one of them before he was Superintendent.

It is no disparagement to the medical profession of our State to say that no other physician in Arkansas was qualified to fill the position when Dr. Hooper was selected.



It is not to the discredit of the medical profession of the State now to assert that there is not a physician in all Arkansas qualified to take charge of such an institution. The reason for this is obvious. It requires special study and equipment which can only be obtained in such institutions, and as there is no demand for such qualifications in Arkansas outside of the one asylum, no one has endeavored to prepare himself for such responsibilities.

Heretofore political influence, geographical residence or party affiliation has never been considered at all in selecting Superintendent and subordinates.

From the selection recently made it seems that politics, the destroyer of so many similar institutions in other States, has influenced the Board in its deliberations. A man may be a most elegant gentleman, a first-rate general practitioner, a good citizen in every respect, have great influence in local politics, and yet be wholly unfit to have in charge the largest and most intricate institution in the commonwealth of a great State.

From a medical standpoint the selection is particularly unfortunate. There is not an asylum Superintendent in any of the States of the Union who is not a member of both a local and State medical organization, besides the national association composed of the class of specialists to which he belongs. The best and most progressive men in all professions align themselves with the respective bodies which have for their object the advancement of the whole brotherhood. And when a man holds himself aloof from his brethren in such relations there is more apt to be something wrong with the individual than with the great body of which he ought to be a member.

THE JOURNAL regrets exceedingly that the State Board of Charities has made a selection which it cannot commend to the medical profession of Arkansas and which it believes the profession will resent. Of course these objections are based entirely on professional grounds and without any regard whatever to personal considerations.

It is more than a mistake to put in charge of such an institution a gentleman who has never made any special study of insanity or nervous diseases; who has not even visited an institution of the kind more than a few times in his entire medical career, and who is better known to politicians than to the members of his own profession. In this connection THE JOURNAL inserts the following from the *University Medical Magazine* under the heading, Are Asylum Physicians Party Pensioners?

"Under this title, the *American Journal of Insanity* comments editorially on a custom, which although gradually being stamped out, still exists to a degree, that certainly calls for further reform. The fact is so familiar, and the pernicious effects of such a policy so plain, that we need not argue the question.

"In this matter the judgment of physicians as to the qualifications of those to be appointed as medical officers in asylums is so infinitely superior to the custom of political dispensation that the former should determine the appointments. To secure this end, each should take a personal interest in the institutions in his vicinity, and vigorously oppose appointments which will not be for the benefit of the unfortunate people whose interests are so seriously concerned.

"The public, as well as the profession, should be made to realize that those into whose care the unfortunate insane are placed, should be men of lofty character as well as professional ability. A special training is really required for this work, and the positions should not be subject to change with a change in political power. The editorial above alluded to was called forth by the political dependence of those holding positions in the Illinois hospitals for the insane. We are glad to note great advances in this direction in many States in the last few years, and great obligations are due to those who have labored unselfishly to secure this end."

## EDITORIAL NOTES.

NITRO-GLYCERINE by any other name is just as dangerous, and Dr. W. A. Hammond, retired, is not the first adventurous experimenter blown up by it.

THE CODE OF ETHICS.—Attention is again called to the report of the Committee on Revision of the Code of Ethics, which is published in this issue. As the report will have to be considered by each State Society, it will be well for the individual members to study the report of the committee and determine what action will be necessary.

## The Arkansas Medical Society.

### The Roll of Members.

The Treasurer is now endeavoring to collect delinquent dues. As soon as the returns are all in the list of members will be published. In this connection it is proper to state that neither the Treasurer nor any other officer of the Society has any authority to drop members from the roll. The proper and only method of withdrawal is by paying up all dues and sending a written resignation to the President or Secretary who will present it to the Society in session. It is best not to get delinquent, of course, but in times like these some very good men let their dues lapse, and it is wonderful how the years roll by and the dues roll up when payment is neglected. Five dollars every year is easier paid than ten dollars every two years, or fifteen every third year and so on. The Treasurer is disposed to be very lenient in collecting dues, but it is a matter about which he is allowed but little discretion. He is required to make every effort to collect all moneys due the Society and to report those who fail to respond. Any member who knows of any change of address, removals from the State, deaths or errors in the present list of members will confer a favor upon the Secretary by dropping him a postal card, notifying him of such changes, etc.

## County Societies.

### Some Signs of Returning Life.

As the first sign of awakening from the long slumber of the County Medical Societies, THE JOURNAL was delighted to receive the following :

" 1889. PRAIRIE COUNTY MEDICAL SOCIETY. 1893.

*" Fourth Semi-Annual Meeting*

*" To be held at DeVall's Bluff, Arkansas,*

*" On 25th and 26th of October, 1893.*

" OFFICERS—J. T. Bell, M. D., President ; F. A. Hipolite, M. D., Vice-President ; J. R. Lynn, M. D., Secretary ; W. P. Owen, M. D. Treasurer.

" COMMITTEE OF ARRANGEMENTS—W. P. Owen, M. D., W. W. Hipolite, M. D., and F. A. Hipolite, M. D., DeVall's Bluff, Arkansas.

#### " PROGRAMME.

" Address of Welcome, by Col. W. D. Rice, DeVall's Bluff, Arkansas.

" Response, by B. W. Flinn, M. D., Des Arc, Arkansas.

" *First Paper*—Sequelæ of Chronic Malarial Toxæmia, by W. W. Hipolite, M. D., DeVall's Bluff.

" *Second Paper*—Dysentery, by W. P. Owen, M. D., DeVall's Bluff.

" *Third Paper*—Hepatic Calculi, Unusual Frequency in this Vicinity—Pregnancy as an Exciting Cause. Report of cases, by G. E. Pettey, M. D., Des Arc.

" *Fourth Paper*—Threatened Abortion. Report of case, by G. E. Pettey, M. D., Des Arc.

" *Fifth Paper*—Nitro-Glycerine in the Treatment of Heart Failure, by B. W. Flinn, M. D., Des Arc.

" *Sixth Paper*—Complications in Pelvic and Abdominal Surgery, and How to Deal With Them, by J. R. Lynn, M. D., Des Arc.



*“General Discussion—What Is to Be the Future Destiny of the Prairie County Medical Society?”*

“Let every member be present and respond. All regular physicians and surgeons are cordially invited to attend this meeting.

J. R. LYNN, M. D., *Secretary*.

*“Des Arc, Arkansas.”*

The Prairie County Society always sends out notices and programmes long before the time of meeting, so that members may come prepared for intelligent and deliberate considerations of the subjects to be presented. The Society must be prospering, and THE JOURNAL congratulates the Prairie County physicians on their industry and perseverance.

### **Papers Wanted.**

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THE JOURNAL would like to receive some of the papers that have been read before the County Societies.

All of the State Society papers will have been published by the end of December, and nothing would be more desirable in that part of THE JOURNAL than to publish all of the good County Society papers.

Secretaries and members who have read papers will please forward them without delay. Don't wait for a personal request.

### **Suicides of School Children in Germany.**

During the last eight years, 289 school children committed suicide in Germany; of these forty-nine were girls. The causes assigned were: Fear of punishment, eighty; mental disease, twenty-six; morbid ambition, nineteen; fear of examination, sixteen; practical joking, seven; disappointed love, five. This record is scarcely surprising, considering the severe educational requirements of the schools in the fatherland. It is a terrible indictment against “over pressure,” the effects of which can scarcely be expected to be limited to those children who are driven to destroy themselves.—[*Dublin Journal of Medical Science*.

## Miscellany.

### Report of the Committee On Revision of the Code.

*Mr. President and Members of the American Medical Association :*

Your committee appointed to consider the advisability of amending your Code of Ethics have had the subject under consideration, and at one time outlined the changes which they believed desirable. The matter was committed to one of its members to write out. However, pressure of other affairs, beyond his control, prevented his doing so. In addition, the following new questions have pressed for consideration. What should be the relations of the profession to railroad and other corporations, to accident insurance companies and other societies, to free dispensaries, to hospitals, and to other institutions? The data for answering these questions were not at hand, and would require much time to collect and carefully study. We therefore desire at this time to report progress, and ask for further time to perfect our report. We would, however, suggest the following as tending to promote the spirit of equity between physicians and so increase professional prosperity :

FIRST. We would omit all sections of the Code that describe the obligations of patients to their physicians, and of the public to physicians. The reason for this suggestion is that the Code is not designed either for patients or the public, and so the sections are superfluous. This omits the ten sections under Art. XI, on pages 5, 6, 7 and 8, and Art. XI, on page 20.

SECOND. We suggest the placing in the same list with the copyrighting of medical books and other similar work, the patenting of all mechanical appliances used in medicine or surgery. The Code says nothing respecting the copyrighting of medical publications, and we find no good reason why it should say anything respecting the patenting of mechanical devices.

THIRD. We recommend the more accurate definition of the term, "consultation," as we find good reason to believe that serious estrangement has arisen between physicians because of the different ideas they attached to this term. The Code of Ethics, page 14, second line from the top, says that in a "consultation" the responsibility must be equally divided between the medical attendants—they must equally share the credit as well as the blame of failure. With this statement before us, it is clear that there can be no consultation when one physician meets another for the purpose of obtaining from him an account of the case, or pertinent facts of family history, or a record of the past management of the case, in order that he may more intelligently assume the entire responsibility of its future conduct. Thus the existing Code of Ethics of the American Medical Association defines a consultation substantially as a meeting of doctors to discuss a case to the end that they may equally share in its further management. By the same authority a consultation is not a meeting of physicians with a case, in which one gets all the facts possible from the other or others, as a preliminary to his assuming entire responsibility in its future conduct.

From these data it is clear that usually the specialist does not consult with the general practitioner. He simply obtains all the facts the general practitioner possesses, preparatory to assuming full control of the case.

There are many other occasions for the meeting of medical men in connection with cases of sickness, that are in no sense consultations according to the existing Code. Hence we think that in the interest of scientific accuracy there should be a discrimination made in the study of consultations, as present conditions differ widely from those of forty or more years ago.

Having premised this much, your committee recommends the alteration of Art. IV, Sec. 1, page 11, Code of Ethics, to read as follows:

"A thorough medical education furnishes the only presumptive evidence of professional abilities and requirements, and ought to be the only acknowledged right of an individual to

the exercise and honors of his profession. Nevertheless, as the good of the patient is the sole object in view, and this is often dependent upon personal confidence, no intelligent practitioner, who has a license to practice from some medical board of known and acknowledged legal authority to issue such license, and who is in good moral and professional standing in the place in which he resides, should be refused consultation when it is requested by the patient."

FOURTH. It is suggested that it would be wise to re-write the Code in phraseology so plain as to make it a practical common-sense document for daily guidance in the performance of our various duties and an aid in meeting responsibilities incident to our professional life.

Finally, your committee found that in but few medical colleges has this document been taught, and never as a portion of the required curriculum.

It is believed that professional success of the best sort depends as well upon a practical knowledge of medical manners and medical ethics as upon anatomy, physiology, pathology, therapeutics or surgery. To be master of the rules of conduct by which our neighboring doctors can be made our friends and kept such, so that the people may see that the medical men who serve them form a band of brothers devoted to the service of suffering humanity, is to possess a most desirable professional resource.

The committee finds the Code of Ethics contains the essentials for the successful conduct of a medical career, as these have been learned by the actual experience of the best members of the medical profession, from the earliest dawn of history to the day on which it was written.

It sincerely trusts that the present discussion will lead to a more intelligent appreciation of its truths by all physicians, and especially that hereafter it will be made a text-book in every medical college, and an accurate knowledge of its contents be made a condition of receiving the degree of Doctor of Medicine.

The committee deprecates all efforts to abolish, belittle, dis-



tort, ridicule or otherwise lessen its hold upon the profession. It is a heritage, representing at once the best characteristics of our profession during all its history, and a scientific document that points out the line of greatest prosperity in the future.

It would seem better far, that in the spirit of scientific students we patiently inquire whether in any respect the changes incident to the last half century warrant any modifications of statement of any portion of this document, in the interest of good to all and ill to none, for the increased prosperity of medical art and science and a more united professional power over those whom we serve.

[Signed]

HENRY D. HOLTON,

LEARTUS CONNOR,

DANIEL T. NELSON.

BENJ. LEE,

*Committee.*

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### **Early Stimulation of Sexual Curiosity.**

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One who is acquainted with the modern American school-boy need not be told that he is thoroughly well versed in the wisdom or unwisdom of sexual affairs, and that too often his knowledge is the result of experience. The "smart young man," either of city or country, has long since satisfied a morbid curiosity too soon aroused by his older playfellows, and, whether by obscene books or the semi-scientific and semi-medical caterers to such markets, or worse yet, by the scandal-mongering newspapers, he has been prepared to understand and practise the art of sexual allusion and risky flirtation.

Many mothers cannot know how near their daughters rival their sons in this illicit knowledge, because too frequently the daughters are more *instruite* than the mothers. When the mothers were young ladies, fashionable conversation between young people was not a game at *sous-entendre*, a match as to which could suggest the most worldly wisdom and say the most improper things in the most proper manner. Hidden meanings

that would have made their mothers blush run like subtle tremors beneath the mask of society talk and repartee. Operatic and theatrical frivolty make sexual knowledge, of a lurid theoretical kind, a sort of necessity to the "bright young woman." She may not yet have actually partaken of the apple of the tree of knowledge, but she knows well enough "all about the old story," has learned the secrets in advance, probably has quiveringly "nibbled" at the apple and enjoyed its perfumed beauty.

One of the indirect causes that perhaps has most strongly contributed to this pernicious tendency has been the custom of allowing boys and girls to be alone in each other's company. Go where one may in our country, it is astonishing how it is taken as a matter of course that these youngsters may be safely trusted with each other, either in couples or in "parties" of all kinds. In the country "kissing parties" are by no means out of date, and boys reaching out toward puberty with discounted knowledge, are allowed to take the girls to meetings, buggy-rides and all that. In the city the fact is the same, with the change of customs and circumstances. It is increasingly common to meet in every square numbers of these couples of boys and girls, and to overhear the scraps of conversation and the laughter that shows half-concealed pleasure at cunning insinuation. The innocent purity of the child's eye and expression early fades into the cunningly secretive answering glance that tells the observant mind of an indescribable unconscious grace replaced by a describable conscious disgrace.

All such customs serve to stimulate sexual desire and shorten childhood to a degree that subjectively is incompatible with proper development of body and mind, and objectively with the legitimate satisfaction of marriage. The more settled and advanced the civilization, the later the life-date of marriage. The fixation of thought, emotion and not seldom action, upon a function thus early is not only useless, but is also cruel and dangerous. Our social customs tend to hurry children into sexual precocity and immaturity, the physician alone knowing a tithe of the resultant evils. Every social circle has its un-

spoken story of the strange disappearance of some bright girl, who at first went "visiting," and about whom questions are already out of place.

"Early ripe, early rotten," is a homely old saw, but like many such, egg-full of wisdom. It is a truism of science that on the lengthened period of growth or childhood depends the permanence and vigor of the adult life. By his advice and teaching the physician cannot, if he would, help being an instructor of morality—or immorality; and as no one so well as he is aware of the fatal consequences of this vicious precocity, he should improve every offering opportunity to make people understand its indirect causes and its direct results.—[*Medical News*.

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### Purulent Otitis Media Caused by a Pinch of Snuff.

In the March number of the *Annales des Maladies de l'Oreille*, etc., there is an account condensed from an article by Dr. Haug, published in the *Archiv fur Ohrenheilkunde*, xxxii, 2, of the case of a young man who, although not in the habit of taking snuff, took a pinch. Being seized with sneezing, he sought to overcome it by closing his mouth and lowering his head. He was attacked with otitis media, from which he recovered after paracentesis. In the purulent discharge the author found some little grains of tobacco which had been forced into the tympanum and caused the inflammation. A similar case is said to have been reported by Kessel.—[*N. Y. Medical Journal*.

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### Pensions for Physicians' Widows.

A proper movement has been undertaken in France, where it is proposed to place the widows of medical men who die during an epidemic, while engaged in their professional duties, upon the same footing as widows of officers who die upon the battlefield, with the intention of obtaining for the one the same compensation as that provided for the other.—[*N. Y. Medical Journal*.

## The Treatment of Ascites.

In the *British Medical Journal* for November 19, 1892, there is published a discussion of the prognosis and treatment of ascites, which was introduced by W. B. Cheadle. We select from this article the following points in regard to its treatment:

It is worthy of note that in the discussion which followed this article, Prof. von Schroetter, of Vienna, said that he had obtained good results from diuretin.

The objects to be sought are obvious: 1, to prevent the increase of fibrosis; 2, to remedy the atrophy and anæmia; 3, to relieve the injurious pressure of the ascitic fluid upon the abdominal and thoracic viscera.

Now, as to the means by which the first two ends are to be, attained there will be, for the most part, little difference of opinion, and they may be dismissed briefly. To prevent the increase of fibrosis: abstention from alcohol and from stimulating foods. In the syphilitic cases the administration of iodide of potassium in addition. To remedy the atrophy and anæmia: nutritious, digestible food, with iron and acid and bitter tonics to aid digestion.

As to the third point, however, the means to be adopted for the removal of the fluid from the peritoneal cavity, there is no such consensus of opinion and practice. In looking through the text-books and treatises on medicine, with the exception of that by Dr. F. Roberts, who advocates paracentesis, a dreary uniformity of procedure is recommended. Purgatives, diuretics; failing these, tonics, or perhaps tonics are put first, to be aided by purgatives and diuretics. When all other means fail, paracentesis. This is the gist of it. It is allowed to be extremely unsatisfactory, but the routine is adhered to, and we cling to the practice sanctioned by precedent and authority, in spite of the fact that in nearly every case of recovery recorded a very different procedure has been adopted.

*Purgatives.*—Taking first the use of hydragogue purgatives without hesitation, that is a most disastrous and fatal practice.



It is absolutely ineffectual as a means of reducing the dropsy; it is most effectual in reducing the strength and nutrition of the patient. Patients with cirrhosis, enfeebled as they are from difficulty of obtaining a minimum of ailment through the obstructed vessels, bear purging badly. It hurries the nutrient fluid through the alimentary canal too rapidly for absorption. The plan of giving the purgative in the early morning, before food is taken, mitigates, but does not neutralize, these ill-effects; a large amount of nutritive material remains from previous feeding, and is drained away. Diarrhœa is only too apt to set in spontaneously, is most difficult of control, and of evil augury. Drastic purges are apt to set up uncontrollable diarrhœa, and the expression, "purged to death," is not infrequently sadly appropriate to the records of cirrhotic ascites.

*Diuretics.*—With regard to diuretics, it may be said that when the kidneys are sound they are at all events harmless. They are, however, constantly futile. It is generally allowed that diuretics fail when their aid is most needed, and the author states he has never yet succeeded in obtaining any material result in the removal of the fluid in dropsy of any kind by the aid of diuretics.

Cases are indeed recorded where the action of diuretics is credited with the cure of abdominal dropsy. Garrad, Duffin, Sieveking and Wilks have each recorded instances in which copious diuresis has followed the use of the resin of copaiba, with more or less complete disappearance of the dropsical fluid, but the writer has never had this experience, and there are certainly many cases in which it entirely fails. Digitalis, calomel, sugar of milk in quantity; 100 grammes is stated by Dr. Germain See to be a most powerful diuretic, and the milk treatment of dropsies in India probably owes its success in certain cases to this element.

As a matter of fact, however, when the ascites is already great, it must be confessed (as Dr. Murchison pointed out) "that diuretics are of little avail, and fail to increase the flow of urine." The pressure on the renal veins interferes with the circulation through the kidneys, and renders diuresis impossible.

It is frequently found that while the most powerful diuretics have failed to excite the flow of urine, removal of the fluid by paracentesis is followed by a copious flow, even without the aid of diuretics. In ascites, then, while purgatives are mischievous, diuretics are usually ineffectual.

*Paracentesis.*—The only effectual plan of removing ascitic fluids is by paracentesis. In all the writer's cases, and in nearly all he can find recorded, repeated paracentesis has been one of the great points of treatment. And I would ask why we should nauseate and exhaust our patients with drugs, and weary ourselves in the vain attempt to remove the fluid by the roundabout channel of bowel or kidney, when it can be withdrawn by a simple mechanical process which in these days of antiseptic surgery, is absolutely devoid of risk? Surgeons lay open the abdominal cavity for small reasons without fear, while we hesitate to insert a small trocar. I presume that the reason lies in the fact that the weight of authority, as expressed in books on medicine, is against this procedure, except as a last resort.

Sir Thomas Watson spoke of it as a final resort with the faint hope of giving temporary relief. Frerichs opposed it on the ground that pressure on the vena portæ lessens the rapidity of effusion. Niemeyer says the abdomen should only be tapped when life is immediately endangered. Thierfelder says: "This operation must not be undertaken unnecessarily, but only in response to an urgent indication, as great dyspnoea, obstinate vomiting," and speaks of it only as treatment for relief of symptoms. "Tapping," he says, "invariably affords merely transitory amelioration." Murchison long approved the rule that the operation should be delayed as late as possible,—that is, until respiration is seriously affected,—on the ground of the loss of albumin involved. Aitken refers to tapping as "the last imperfect resource of our art." In the latest edition just published of one of the leading books on "The Principles and Practice of Medicine" (Fagge and Pye-Smith), the direction is, "It should not be performed until the distress caused by the distension of the abdomen becomes insupportable" (vol. ii,

p. 300). Another says, "When the abdominal distension becomes so great as to cause the patient serious suffering or distress, the fluid ought to be removed by tapping. This operation is usually delayed as long as possible, and, on the whole, no doubt properly so" (Bristowe, 7th edition, p. 761). Another, "Paracentesis should be put off as long as possible, for the end of the disease often arrives soon after tapping, although in some cases ascites is cured by the operation" (Wickham Legge, in Quain's Dictionary).

Without doubt the postponement of paracentesis until urgent symptoms arise is a grave error. A change in this direction has come over medical opinion during the last twenty years. In a paper in the *Practitioner* in 1872, and since in his book on "The Practice of Medicine," Dr. Frederick Roberts first advocated repeated tapping, and published cases in support of it. In 1881, Dr. Duncan, and in 1873, Dr. McCrew, advocated it. In 1883, Austin Flint strongly urged it, giving ten cases of recovery under this treatment. Dr. Habershon supported it and Dr. Murchison reconsidered the matter, and pronounced in favor of paracentesis "when the abdomen is moderately distended by fluid." Quite recently, Dr. Bristowe has sanctioned tapping from time to time without waiting for extreme distension. Text-books, as a rule, however, still advocate the old system.

*Consequences of Ascitic Pressure.*—Yet look how grave the consequences of fluid pressure in the abdomen are. The diaphragm is pushed upward, so that abdominal respiration almost ceases; the lungs are imperfectly inflated; congestion, collapse, and basal bronchitis ensue. The heart is embarrassed by the upward pressure, increasing still more the impediment to the circulation already existing in the systemic and pulmonary vessels. The movements of the stomach are hampered, and the circulation in that organ, already impeded by the portal block, is made still more difficult. In the same way the spleen, the pancreas, the intestines all suffer, while the liver itself is injuriously affected, the pressure of fluid obstructing the portal vein and, most important of all,



preventing the dilatation of the *vanæ communicantes*, the new channels upon which the relief of the obstruction so vitally depends.

The kidneys do not discharge into the portal system, but into the vena cava, and therefore are not directly affected by the venous block. Their congestion in the late stage of ascites affords striking evidence of the disastrous effect of simple mechanical external pressure of fluid. When this becomes pronounced, the urine becomes scanty, high-colored, albuminous. There ensues, in fact, a passive nephritis, a lessened excretion of urea, a slight uræmia, adding systemic poisoning to the other disorders.

It should be urged, then, that the fluid which does so much harm should be removed early, before it causes serious pressure on the viscera. The functions of the various organs will be restored and time gained for the development of the collateral circulation.

It is certain that in many of these cases enough liver tissue remains to carry on life, if only the portal circulation can be sufficiently eased and the passage of nutriment into the systemic vessels sufficiently established by the development of the collateral channels. This is, however, a work of time. Frequently the patient is carried off before it is effected by the fatal effect of the ascitic pressure, by engorgement of lungs, by hydrothorax, by general failure from embarrassment of organic functions. To gain time is of the essence of cure. This can only be done with promptness and certainty by paracentesis, and with an amount of wear and tear infinitely less than by purging or drugging with diuretics in the vain attempt to produce diuresis. The operation is perfectly free from risk if properly performed; at any rate, in the case of patients who have not reached the very last stage of exhaustion. Then, no doubt, tapping is sometimes followed by rapid sinking. I presume that this fact, and the not infrequent supervention of peritonitis in former days, led to the belief that after paracentesis the end would soon arrive and to the counsel of delay. But there is no danger of



sinking if the operation is done early ; no risk of peritonitis if the trochar is aseptic. The writer has seen harm result from paracentesis three times ; twice in the same week eight years ago, in the early days of antiseptic precautions, from peritonitis due to use of the same imperfectly purified trochar ; once since from collapse in a woman utterly broken down by alcoholic excess. The great number of cases known in which tapping has been repeated without ill effect, even hundreds of times, point to the intrinsic harmlessness of the operation.

*Continuous Drainage.*—The removal of the fluid by continuous drainage has been practiced by Dr. Caille, of New York. He gives two cases in which recovery took place at the time, the patient dying suddenly of heart failure some months later. Dr. Urso gives an account of nine cases treated in this way, but his results are not encouraging ; four died directly from the operation. The best result obtained appears to have been a nine months' duration of life after. Dr. Elliott gives two cases, both fatal. So that this gives far less favorable results than repeated tapping.

*Iodide of Potassium*—The drug which produces the most striking results in conjunction with repeated tapping in certain cases is iodide of potassium. The beneficial effects are probably limited to syphilitic cirrhosis. Bearing in mind, however, the close social association between alcohol and syphilis, and the impossibility of making a positive diagnosis in some instances, it is right to give the iodide in all cases when the liver is large and hard. It is right to give the patient the chance. The alcoholic cases, as a rule, no doubt bear it badly, but if it acts unfavorably, it can be omitted before material damage is done.

*Mercury.*—Mercury has long had a certain repute in the treatment of ascites. The author once saw the fluid entirely disappear in a case of cirrhotic ascites under the continued application of a plaster of mercurial ointment, and Murchison mentions a similar instance. Calomel alone, and with digitalis, blue pill, and squill and digitalis, have been credited with great power in the removal of dropsies, but Cheadle does not believe

them efficacious, as his experience, except in the one case referred to, has been very unsuccessful with them, even in syphilitic cases.—[*Therapeutic Gazette*.

### Treatment of Graves' Disease.

(*Bulletin Med. No. 64, 1892.*)—Prof. Dieulafoy, of Paris, has, some time since, instituted a new form of treatment for exophthalmic goitre, which was suggested to him by his observation of certain occurrences frequently seen in pulmonary tuberculosis, in which, at times, hæmoptysis threatens, there is an irregular action of the heart, with palpitations and cardio-vascular erethism. In these cases the good effects of ipecac are well known; under its influence the heart beats become less rapid and loud, the erethism disappears, and the hæmoptysis is arrested.

In Basedow's disease, the first indication is generally to check the cardio-vascular erethism, and for this reason Dieulafoy conceived the idea of treating this affection in a similar manner to that employed in pythisis. He combines ipecac with digitalis and opium in the following proportions, for one pill:

R<sub>x</sub> Powdered ipecac, grms. 0.03.  
Powdered digitalis leaves, grms. 0.02.  
Extract of opium, grms. 0.025.

Six of these pills are to be taken every twenty-four hours. Great improvement was generally manifested under this treatment by all the patients submitted to it. In two cases especially were the results extremely favorable, the author stating that no other form of treatment would have acted as favorably. The effects obtained by this medication are a diminution of the symptoms which become decidedly marked later on, amounting at the end of some months to a practical cure. The only unpleasant feature of this treatment was a diarrhœa which sometimes persisted until the patient became accustomed to the medicine.—[*N. Y. Therapeutic Review*.

## **A Child Turning to Stone.**

The French Academy of Sciences has been making reports on an extraordinary case of selerema or petrifying of the skin and other tissues of a human body. The case under consideration, which, by-the-way, is one of the rarest reported in medical literature, is that of an eighteen months old child of St. Jeanne, a suburb of the French metropolis. When this doomed child was last made the subject of a clinic its flesh was cold and almost as hard as marble; and, while it still continues to live, it can only move the eyelids and lips. The poor little sufferer sleeps nearly all the time, lying with its eyes wide open, and breathing more like some cleverly devised automaton than a human being. The inner side of the lips, that portion of the eyelids which folds up under the eyebrows, and a place about the size of a silver dollar under each arm, are the only spots on the body which present any warmth or pliability characteristic of human flesh. In June or July the child was as healthy as any of St. Jeanne's many babies, until it got a heavy fall, striking on the back of the head. The disease, which dates from this fall, and seems to have some mysterious connection between the tissue and the skin, is supposed to be the result of the nervous shock. According to my data, this is the thirty-ninth case on record, and the second in which the whole of the body was affected. The doctors in attendance say that death is the only relief.—[*Ex.*

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## **Expert Medical Testimony.**

Dr. Landon Carter Gray, of New York, proposes a plan that will place the expert testimony of medical men in suits at law upon a useful, intelligent and impartial basis. He recommends the selecting by the presiding judge of medical advisers to sit with him on the bench in trials that do not need juries. In cases tried by jury there should be a conference of all of the medical experts.—[*N. Y. Medical Journal.*

# PHARMACY.

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This Department is conducted by the Secretary of the Arkansas Board of Pharmacy, to whom all communications relating to it should be sent. Address,  
MR. W. W. KERR, Russellville, Ark.

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## The Pharmacopœia of 1890.

The new *Pharmacopœia*, recently issued, has had our attention sufficiently to authorize a notice of the general impression it has left upon the mind, but not to speak critically of its details. The first general idea one gets from a glance at it as a whole is, that it is a most admirable book, far surpassing any of its predecessors. It bears abundant evidence of its multinational authorship, quite much to its credit. It is to all intents and purposes the creation of the profession all over the country, and should be accepted and adopted as such.

Notwithstanding it contains two less articles than the 1880 edition, it is considerably more voluminous. The increase is made up of more extended and largely simplified tests for purity and identification of drugs and chemicals; exhaustive tables and larger type. Special attention is due these tests. They have been so much simplified that it would seem that no pharmacist could be excusable for not being able to determine with reasonable accuracy the purity of the remedial agents he dispenses. The volumetric method has been applied wherever possible as being not only more accurate, but easier of application. The directions for preparing the test solutions are very full, and the list of volumetric solutions complete.

Standardization has only been applied to three drugs—cinchona, nux vomica and opium—and the method of assay in each case is within the reach of moderate manipulative skill.

Among the articles dismissed, we find first, the abstracts, which have been dismissed from the minds of the profession for years, if indeed they may be said to have ever entered there. In addition, we miss among others, chloroform venale, cinchona flava, elixir aurantii, extractum malti, sodii bi-carb,



venale and vinum album fortuis. Among the additions we find acet.-analidum, adeps lanae hydrosus, menthol, pepsinum, salol and terebinum. Quite a number of the N. F. preparations have been transferred to its pages. It will certainly strike those who have always cried out so loudly against the introduction of the metric system with at least a secret disposition to blush when they see its exceeding simplicity, and are reminded of the much-ado-about-nothing they have indulged in. **Take an example:**

FLUID EXTRACT OF LEPTANDRA.

“Leptandra, in No. 60 powder, one thousand grammes, 1000 gm.

Alcohol,

Water, each, a sufficient quantity.

Mix seven hundred and fifty (750) cubic centimeters of alcohol with two hundred and fifty (250) cubic centimeters of water, and having moistened the powder with four hundred (400) cubic centimeters of the mixture, pack it moderately in a cylindrical percolator,” etc.

What is easier if you have the metric weights and measures?

The discussion over the words “official” and “officinal” has been settled by the exclusive use of the former word, so that from henceforth everything will be official and nothing officinal. The Committee of Revision should have great praise for this if for nothing else.

No material change in the strength of the various preparations has resulted from the introduction of the metric system, nor indeed from any other cause except in a few instances, so that physicians need not fear harm from any innovation upon their time-honored tea and tablespoonful doses of liquids, or material alteration of the size of their little heaps of powders.

Our Committee on Adulteration of Drugs can now have no excuse for not examining into the drugs and chemicals dispensed across our counters to see if they are up to the standard. Let us have a report next year.

## Pharmaceutical Notes.

SUB-GALLATE OF BISMUTH (DEMATOL) is prepared by dissolving 200 grammes of subnitrate of bismuth in nitric acid, and adding 500 c. c. of saturated solution of nitrate of sodium, and neutralizing any free acid with bismuth subnitrate. To this neutral solution 100 c. c. of acetic acid are added, then 125 grammes of gallic acid which has been dissolved in the smallest amount of boiling water possible. No precipitate appears. Finally, add rapidly 15-20 times its volume of water. At first no precipitation occurs, but after some minutes the liquid becomes turbid and then crystallization suddenly follows. The salt is first washed with cold, then with hot water, until pure, then dried. It is in small crystal of a citron-yellow color, insoluble in water, soluble in strong mineral acids, slightly affected by air and light.—[*Western Druggist*.

THE U. S. P., 1890, is out. We have only had time to give it a glance; not sufficient to form an opinion. It becomes our official standard January 1st, next, and he only is a progressive pharmacist who accepts it as such, and follows it faithfully in the preparations he makes. We opened it a little cautiously at first, fearing lest the metric system would *jump at us*, but were surprised, not to say soothed, at the innocent look of those much maligned weights and measures. Dr. Bond can now weigh solids and measure liquids to his heart's content.

### ANTISEPTIC CATHARTIC.

Salol .....	1 dr.
Castor oil .....	6 dr.
Syrup of rhubarb ..	1½ ozs.
Cinnamon water .....	5 ozs.
Powdered gum arabic.....	q. s.

Make into an emulsion, and administer 1 tablespoonful every hour until a purgative effect is obtained.—[*Pharm. Era*.

STRYCHNINE has been recommended for snake-bites. The Arkansas snake-bitten victim cannot be made to *swallow that*.

ZINC BORATE is made by Knoll (*Pharm. Post*), by dissolving 25 gm. crystallized zinc sulphate in 250 gm. hot water (distilled), also 20 gm. borax in 500 gm. distilled water, filtering each solution, then adding the latter, with constant stirring to the zinc solution, which should be still warm. The precipitated zinc borate is to be collected on a filter and washed until the washings no longer give a white precipitate with barium chloride solution. Finally the borate is dried and rubbed to a powder.

SOLIDIFICATION OF SANTAL OIL. Mix eight parts of resin, ten parts santal oil and one part of calcined magnesia, by melting the resin at a gentle heat and adding the oil and magnesia, previously mixed, shaking from time to time until cool. This is said to make a mass that may be easily rolled into pills.

CREOSOTE IN PILLS. It is said that if the creosote is mixed with twice its weight of powdered liquorice root, and then adding sufficient glycerine, a mass will result which may be easily rolled out into pills.

CREOSOTE PILLS may be readily made (*Jour. de Pharm. et Chem.*), by mixing the creosote with a double proportion of powdered acacia and adding glycerine q. s. to make a mass.

VASELINUM LANILOLATUM is the somewhat elongated name of a new ointment base composed of twenty-five parts of anhydrous lanoline and seventy-five parts of vaseline.

SYRUP OF IODIDE OF IRON.—Martenson says, that if absolutely pure sugar that has not been tinged with ultramarine be used, the peculiar red color will not be developed.

THE well-known and often experienced difficulty of filtering solutions of pepsin, may be avoided, so said, by the addition of powdered sugar of milk.

PIPERAZIN is incompatible with iron salts, alkaloids, tannin, alum, silver nitrate, spirits of nitrous ether and Donovan's solution.

TO REMOVE THE ODOR OF IODOFORM, wash with water in which ground flaxseed has been boiled and poured off.

ANIMAL CHARCOAL is recommended as an excipient in making pill masses when such substances as creosote, croton oil, terpinol and the essential oils are prescribed. It is used as an absorbent, while turpentine is used to make the mass.

THE *American Druggist* says to free the hands from the odor of iodoform, creosote, or guaiacol, wash them in water in which ground flax-seed has been boiled and drained off.

THERAPEUTIC TERMS FOR PHARMACISTS AND PHYSICIANS, by H. M. Whelpley, published in Meyer Bros.' *Druggist*. Let every pharmacist preserve and study them; it will pay.

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### A Vacation.

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The humdrum life of a druggist has one advantage, if no other; it enables him to enjoy all the more keenly a vacation, if he is fortunate enough to get one, as the writer can abundantly testify, having recently had the pleasure of a two weeks' visit to the elevated vales of northeast Tennessee and southeast Virginia. It is delightful to be able to lay all thoughts and cares of business aside; to feel that for awhile at least, there will be no pills, emulsions, plasters, ointments nor mixtures in it, and doubly delightful to have instead, plenty of pure air to breathe and pure water to drink, and nothing to do but imbibe them.

We had anticipated trying to make the trip in some way beneficial to our readers, as well as ourselves, by picking up scraps of pharmaceutical information to be divided with them, but we soon found that to do so would require an exertion, and exertion was incompatible with the full enjoyment of that pure mountain air, so we gave it up, and decided to let them sweat away amid the Arkansas heat and dust, while we luxuriated in an inertia that left no room for sympathy even.

On our return home, owing to a missed connection, we spent a wet day in the City of Memphis, and utilized it in calling on some of the leading druggists. One thing which



struck us was the distance one has to walk to get from one drugstore to another, and that in the most business part of the city, arguing that there was one place at least where the business was not overdone.

Cutting of prices was the great with them cry all. Perhaps no town enjoys this luxury to a greater extent than Memphis. It has settled down to be its normal condition, and while everybody *cusses* about it and its originator, they go on the even tenor of their way, selling preparations that cost them \$8 a dozen for 65 cents a piece, just as though they had never known any other way of doing; even seeming to get a grim sort of satisfaction out of it. One effect of the situation is to force them to make preparations of their own to take the place of patent medicines, on which they can make a profit, and doubtless this is one reason they take the cutting evil so philosophically. If the members of the Arkansas Association could mix around a day in Memphis, they would not be so indifferent to the subject when it is before them for consideration.

On our arrival home we found such an accumulation of business piled up before us that we almost concluded that vacations were not such good things after all.

We take occasion right here to thank Dr. John B. Bond for his kindness in looking after THE JOURNAL in our absence.

The Arkansas State Board of Pharmacy will meet in the Senate chamber, in Little Rock, on Wednesday November 8th, at 9 o'clock a. m.

W. W. KERR, *Secretary*.

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THE ARKANSAS STATE BOARD OF PHARMACY met in the Senate Chamber, in the City of Little Rock, on Wednesday, November 8, 1893, with all the members present except J. M. Anderson, President. There were nine applicants for examination, of which the following were successful, viz.: Dr. J. S. Porch, Eureka Springs; J. M. Moss, Pine Bluff; E. W. Gazley, Pine Bluff, and H. L. Toland, Mineral Springs. The next meeting will be held in the same place, on Wednesday, Febru-

ary 14, 1894. Applicants will take due notice that the examinations begin at 9 o'clock a. m. and close at 6 o'clock p. m., promptly, and must be completed between these hours. The sessions will not be held over to accommodate late arrivals. Parties holding temporary certificates are also notified that they must be presented to the Secretary at that time or they will not be credited on their fees.

W. W. KERR,

RUSSELLVILLE, ARK.

Secretary.

### A Remarkable Case of Carbolic Acid Poisoning.

In the *Bulletins de la Societè Anatomique de Paris*, 1893, No. 2, there is a brief account, by M. Jayle, of the case of a girl eleven years and a half old, who, having a little excoriation of the right index finger, wrapped the finger in a piece of cloth moistened with a few drops of a mixture of nine parts of carbolic acid and one part of glycerine. On the following day the finger was of a grayish hue, and subsequently it became black, but without pain. The finger was amputated at the metacarpophalangeal joint, and not only the soft parts, but also the phalanges, were found to be black. The child's general health was good and an examination of the urine showed nothing abnormal. These facts, together with the small amount of the drug used, make the poisoning difficult of explanation.

### Sodium Phosphate for Trigeminal Neuralgia.

In a recent rebellious case of trigeminal neuralgia, in which all of the usual therapeutic resources had been exhausted without affording relief, Glovieux, of Brussels, tentatively practiced subcutaneous injections of sodium phosphate, and with admirable results. The patient, who had suffered for two years, was completely relieved. Ten other cases of trigeminal neuralgia were treated similarly, with success in seven. A solution of thirty grains of sodium phosphate in three ounces of distilled cherry-laurel water was prepared, and of this from fifteen to forty-five minims were injected daily.—[*La Semaine Med.*, 1893, No. 33.]

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Original Articles.

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Report of the Committee on State Medicine.  
*Concluded.*

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BY J. D. SOUTHARD, M. D., CHAIRMAN, FORT SMITH.

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[Read at the Eighteenth Annual Session of the Arkansas Medical Society.]

Dr. Clegg, in his report from Conway County, says:

"No epidemic diseases of any kind have visited Conway County during the past year. A few cases of la grippe have been reported, but the disease has not been at all prevalent. Several cases of pneumonia, attended with some mortality, have occurred, but the cases have not been numerous and the mortality not unusually great. The sanitary conditions of this county, while better than that of many counties in the State, are perhaps not what they might be. Some parts of the county are subject to the development of malaria which thorough cultivation and proper drainage would prevent; otherwise, the local causes of disease are very few. There has grown up since the war in this, as well as in many other counties of the State, a system of tenantry among whom many ailments of various kinds are observable. The tenants live often in miserable huts, their food is often of the coarsest kind, the poorest quality and in many instances insufficient in quantity. Nor do

they have sufficient clothing. When sick they possess no means with which to pay for medical advice or buy medicine. To these many privations are due anemias, dropsies, chronic ulcers, and other affections frequently unjustly ascribed to malaria. How this condition of the tenantry is to be improved is perhaps a question for the moralist, but the fact, as bearing upon State sanitation, I deem worthy of the consideration of the Society, more especially at this time, when a possibility of an outbreak of cholera is not at all remote, and the past history of that disease shows that a spread in rural districts has always been chiefly among such people as make up our tenant population."

Writing from Craighead County, Dr. C. M. Lutterloh states :

"We have had no epidemic for the year 1892. The prevalent diseases of this section have been during the last three months, "lagrippe" and "lagrippe pneumonia." This form of pneumonia has been very severe, though the mortality rate has not been high. Many cases have been tedious and prolonged. As to sanitary conditions, I believe the people even in malarial districts would have good health if only they would look after their surroundings. There is no reason why the poorest may not be cleanly about the house, yard, etc. And equally important to good sanitation stands good water, and where rain is so abundant there is no good reason for using bad water. If the people generally could be taught that exposure and the use of bad water caused the greater number of the malarial troubles we now have, the health of our State would be wonderfully improved."

Dr. Bittenger, of Lincoln County, states :

"This county is divided by Bayou Bartholomew into a hill and bottom district. The Arkansas River bottom lying north of the bayou is traversed from east to west by two or three bayous, each having a ridge of land on either side which is in cultivation, the balance being swampy and almost impassable during half the year, and subject to overflow during very high water. We have had no epidemics and health generally has been good, a fact which I ascribe to the effects of the overflow,



which washed away everything wherein malarial germs could breed, malaria being our prevailing disease. A remittent type of fever prevailed here during last December and January, running its course in from five to fifteen days, with a temperature range from  $102^{\circ}$  to  $105^{\circ}$  F., and attacking young persons mostly. Dr. J. A. White, of Star City, reports from the hilly district the prevalence of a low form of fever, simulating typhoid fever, but lacking in some of the chief characteristics of that disease; running its course in from fifteen to fifty days; temperature range from  $100^{\circ}$  to  $102\frac{1}{2}^{\circ}$  F.; bowels constipated as a rule."

Dr. Lantorn, of Dallas County, writes :

"A mild form of lagrippe prevailed here after the January snow; no deaths. We had some cases of typhoid fever during the fall and winter; also many cases of continued malarial fever, generally of a mild type. Dallas being an upland agricultural county its sanitary condition is good, and the mortality rate has been very small and the birth rate very large."

Dr. E. R. Armistead, of Nevada County, says :

"Since the last report of our committee, made by Dr. A. C. Jordan at the Little Rock meeting, we have had in this section no epidemic to observe and manage. Nor other diseases to form special fields for observation. During the past winter there were cases of pneumonia, but not more than usual in this locality in winter, nor did these present any new complications. The mortality rate was small. I can make no report upon sanitary conditions, as no organized system prevails. There are no accurate data of mortuary or birth reports upon which to draw in making a report from this section, there being no legal or other records. The malarial conditions of this section do not vary from those existing elsewhere. The only form of variation worthy of notice is what is here denominated "slow fever," a fever of an adyanamic or typhoid type, with the intestinal lesion left out, and showing a malarial influence. This form is not uncommon here, nor is it confined to the autumnal season. It runs its course in from three to six weeks, ending generally in recovery. Its treatment is supportive, consisting

of attention to nutrition, control of temperature, and a general reinforcement of the vital powers, with very little medication intended to shorten its duration. Most physicians have learned how to manage it, and death is the exception to the rule of recovery. Quinine is given, addressed to the malarial feature, but it fails to shorten the attack and cuts no curative figure. Alcoholics are also used to sustain and nourish. The topography of this section presents some interesting features. Both in the prairies, of which there are probably 20,000 acres in this immediate vicinity, and in the timber lands, innumerable mounds exist, of various sizes and elevations, and between these a corresponding number of what may be called swags, which are cold and wet, holding water after heavy rains. With this exception the natural drainage is good, the face of the country being rolling and undulating. There are one or two sluggish streams which overflow, and are bordered by what are called the "flats," where the drainage is not good and where water stagnates. In these flats the population have the usual sallow complexions, with engorged spleens, and general miasmatic cachexiæ. We have little or no malarial hematuria. A marked case is now and then observed and the management varies as much almost as the names of the observers."

Dr. H. C. Dunavent, of Mississippi County, says:

"Mississippi County has been distressingly healthy during the last twelve months. We had scarlatina in a very mild form during the last year and winter. Not over one-half of 1 per cent. of deaths. One or two children were carried off by throat or anginose form of the disease. We were never able to find its origin. We have had no disease in this county of an epidemic character. Malaria, in all its hydra-headed forms, is with us all the time. We have hematuria occasionally during the fall and winter months, some cases being followed with pneumonia, with recovery in every instance, so far as my observation extends. We ought to have some way of securing mortuary and sanitary statistics. I would suggest that the meeting at Batesville appoint a committee to project a plan

and go in person before our next General Assembly and urge its adoption."

Dr. D. H. Stayton, of White County, reports no epidemic during the past year. "A few cases of the milder exanthemas, roseola, an occasional catarrhal and remittent fever, a few intermittents and pneumonias make up the sum total of our afflictions. Roseola has been sporadic, and, though we have a community of schools, it has at no time been epidemic and has been easily controlled. The catarrhal fevers have been such as are produced by sudden changes in temperature, and confined mostly to children, yielding readily to the judicious administration of the salicylate of cinchodine. Remittents are more persistent, and continue from three to nine weeks under any treatment, and yet the rates of mortality is very low. The treatment usually employed is the supporting and expectant, the object being more to guide to a favorable termination than to abort the fevers, at all times combatting any complications that may arise. Pneumonia is not so prevalent as in some other localities, and, having fewer complications, is easier to manage.

"The topography of our city is such as to make its sanitation all that could be desired, and yet we need more attention to cleanliness of streets, alleys and back yards. We have as fine water as there is in the State, and plenty of it. For most part, our people get their water from wells, which are made by boring or drilling through the rock, which is found from three to six feet from the surface, going down from fifty to seventy-five feet, and, in some places, even one hundred feet. The health of our city is rather phenomenal. We have a population of over 3000, many of whom are from malarial districts, recently settled here. We have, besides this, over 250 school children, from all parts of this State and from other States. We have two colleges and an institute, and yet there has not been a single death in either. There is no systematic record of births and deaths kept. I know, however, the births out-number the deaths largely."



Dr. W. H. Barry, of Garland County, writing from Hot Springs, says:

"Hot Springs is high and naturally well drained. The valley and plateau, on which the city stands, is all drained into Hot Springs and Gulpha creeks. These are swift-running streams, and the mountains, hills and undulations are such as to afford a rapid exit of the frequent heavy rain falls, and thus the city is thoroughly cleaned by the most potent sanitary influence—Dame Nature. The condition of the soil is also very favorable to health, the city is surrounded with a thick forest, and the mountains, around which the city nestles, are covered with a heavy growth of timber. The atmosphere is light, mountainous and pure, not laden with malaria or other noxious gases. The city has quite an extensive sewer system, with an ample fall and consequent rapid drain. The efforts of the sanitary department, which are continuous, will, in a few years, place the city in the very best sanitary condition. Hot Springs is justly proud of her healthfulness, and invites the sick to come and enjoy the balmy, healthful breezes and life-giving thermal waters."

Dr. D. A. Linthicum, of Phillips County, writes:

"Helena, the county town of Phillips County, is situated upon the extreme eastern boundary of the State, upon the banks of the Mississippi River, about midway of its eastern boundary line, at or near the foot of Crowley's Ridge, a rugged, mountainous ridge or range of hills, that begin at or near Cape Girardeau, in Missouri, waste themselves amid the table lands near this city, the only highlands upon the river on its western side, from Cape Girardeau to the Gulf of Mexico. Phillips County is bounded upon the north and west by the l'Anguille and White Rivers, on the east and south by the St. Francis and Mississippi Rivers. In these river bottoms the lands are low and flat and subject to an annual overflow in the winter and spring of the year, but are exceedingly fertile, rarely ever failing to produce crops where cultivated. As you recede from the water-courses, the lands gradually rise until they become beautiful, undulating, fertile table lands.



"A great many of the people living along these water courses use this water for drinking, cooking and washing. There are few springs in this county, except immediately along the base of Crowley's Ridge on the east side. There has existed in the minds of many people a prejudice against water afforded by these springs; they regard it as unhealthy, but as it gushes from the bosom of the earth in bold, cold limpid streams, it looks most tempting to the thirsty traveler, and its taste is equally satisfying. One of the most noted of these springs is one and a half miles above the city, and known as the "Big Spring," which forms a bold, dashing stream where it flows from its gravelly bed at the base of a tall back-bone of the ridge, affording sufficient water to run heavy machinery.

"The only analysis of this water was made by David Dale Owen, prior to the late war, who found its principal constituents to be carbonic acid, strong; lime, strong; magnesia, strong; and iron, a trace. He says saturated with sulphuretted hydrogen, this water gave no indication, either in acid or alkaline solution, of any metal except a trace of iron; therefore it is not likely to contain any mineral poison, and though strongly charged with bicarbonates of lime and magnesia, it is not probable that these ingredients are particularly injurious in this water, except it be to those who are afflicted with calculi. I should rather attribute the cause of the sickness that has befallen the consumers of this water to their own unsanitary habits, and the miasma arising from the low damp lands lying along immediately in front of these springs, shrouded from the sunshine four-fifths of the year by the almost impenetrable forests of timber, and the decay during the fall months of the rank undergrowth that always finds a habitation in such a fertile soil.

"The water of the White River was analyzed qualitatively by Mr. Owen, the sample taken from that portion of the river running through Jackson County. It was found to be soft and healthy water, containing not an inconsiderable quantity of bicarbonate of lime, and only traces of the bicarbonate of magnesia and chlorides. The waters of the St. Francis River are

very similar in constituents. The chief reliance of the citizens in the table lands of the county for potable water is, and has been, upon cisterns and wells driven or bored from twenty to forty feet in the earth, which depth in many places, obtains a bountiful supply of clear, cold, but hard water, evidently containing iron in strong proportion; a water of which the animal kingdom is very fond and the human family delight in after a short use."

TABLE NO. 1.

*Mortality report of the City of Little Rock for the year ending March 31, 1893.*

MONTH.	Number.	Male.	Female.	White.	Colored.	Married.	Single.	Age. Under 20.	Age. Over 20.	Disease.	Vio- lence.	Rate.
April	39	20	19	18	21	24	15	10	29	37	2	13.3
May	33	16	17	16	17	12	21	18	15	31	1	11.3
June	52	27	25	23	29	24	28	23	29	51	1	17.8
July	60	29	31	30	30	32	28	29	31	54	6	20.56
August	57	21	36	36	21	26	31	28	29	53	4	19.5
September	52	21	31	27	25	20	32	31	21	48	4	17.8
October	65	32	33	37	28	29	36	30	25	61	4	22.29
November	42	18	24	20	22	21	21	16	26	39	3	14.4
December	43	21	22	20	23	20	23	17	25	41	2	14.7
January	51	28	23	30	21	18	33	28	23	48	3	17.4
February	48	24	24	27	21	18	30	23	25	42	6	16.5
March	43	20	23	20	23	20	23	16	27	36	4	14.7
Totals	585	277	308	304	281	264	321	269	316	544	41	

Average rate per annum, 16.68%. Population estimated at 35,000.

TABLE NO. 2,

*Showing death rate of Fort Smith for ten years, 1882 to 1892, inclusive.*

YEAR.	Popu- lation.	Death rate per 1,000.	YEAR.	Popu- lation.	Death rate per 1,000.
1882	4,500	16.*	1888	10,100	26.*
1883	5,600	14.*	1889	10,800	20.*
1884	6,400	15.*	1890	12,000	18.*
1885	7,070	18.*	1891	12,000	16.5
1886	8,800	21.*	1892	13,500	15.3
1887	9,780	26.*			

\*Dr. E. G. Epler, Fort Smith, Ark., Climatologist.

## Unique Events in a Case of Sciatica.

BY D. A. GRAY, M. D., LITTLE ROCK.

[Read before the Section on Practice of Medicine at the Eighteenth Annual Session of the Arkansas Medical Society.]

This brief paper is designed to show that a patient will some times recover in spite of medical interference, and also to illustrate the wonderful powers of the unassisted, and, often much hindered force, "*Vis medicatrix natura*." For, as I grow older in the practice of my profession, I learn to more highly appreciate and esteem the conservative healing forces of nature.

We have all met patients who have had cosmopolitan experience, and, in many instances, attended the clinics of some of the most renowned teachers, and who have picked up just enough information to be dangerous to their own safety, and most unsatisfactory patients for us to handle.

Illustrating the old adage that a little knowledge is a dangerous thing, I was once at a clinic in Philadelphia when an English seaman was brought before the distinguished Dr. Stille with some chronic affection of the larynx and pharynx. The Doctor examined the patient and dwelt at some length on the case, and told us it was a typical case for the exhibition of muriate of ammonia, and told us what prompt effect we might expect of the treatment. The surly fellow, as he was, handed the prescription, remarked that it would not do him any good because it was the same stuff they had given him in Liverpool, and to prove it took a large-sized piece of something from his pocket which proved to be muriate of ammonia, which he stated he had been using for months past without any good results.

In January last, I was consulted by a nomadic French seaman, who had seen service under many flags and on many seas, and had been an inmate of many hospitals in almost every part of the globe. The man was suffering from a well-defined case of sciatica, for which I prescribed the ordinary remedies, tell-

ing him if he was not improved in a day or so I would try some fly-blisters. This idea seemed to strike some cord of memory long forgot, for his face brightened up, and he said, "Oh, yes, I once had this disease in Vera Cruz, and a physician of the Marine Hospital had cured me with blisters, and I had forgotten it"; he was very glad that I had put him in mind of it, said he could now manage the case without any further professional assistance.

On leaving my office, he went to a neighboring drug store and purchased one yard of cantharidal plaster, and, on his arrival at home, made his wife assist him to apply the greater part of the yard in one piece along the course of the sciatic nerve from the lumbar region to the bottom of the foot.

About three days later I was called to see him, and found him in great agony, with a strip four or five inches in width, extending from his waist to foot, entirely denuded of cuticle, and bathed in a profuse discharge of pus; surface bleeding in places, and presenting about as bad sanitary condition it was possible to conceive of. A more complete picture of misery could not easily be found. Poor fellow—he still suffered with the sciatica pains in all their pristine energy, and, added to them now, he had this extensive vesicated surface, compelling him to lay on his face and belly for several days. The remedy was worse than the disease. Under the very free use of euophen and starch, and the benign effects of oft-repeated injections of morphia and atrophina, the traumatism gradually gave way, and, after many days of suffering, he was again about where he started, still suffering with the sciatica, that had seemed to pay no attention to the local counter-eruptions. From economic notions, he would only allow me to see him at uncertain intervals. On one of my visits, I mentioned the accredited effect of large doses of turpentine having had some celebrity in stubborn cases of sciatica. But, owing to his now debilitated condition, I declined to adopt it for the present. Again his memory came to his rescue, and he told of once having had this remedy used on him in Algiers. Some three days, or rather nights, later, I was called at 3 a. m. in haste to see him, and was



told he was dying. I found my quondam patient at stool on a wooden bucket, in place of a more modern appliance, and the bucket half full of a watery discharge that smelled of nothing except turpentine; he himself nearly, if not quite, pulseless, skin cold and clammy, and his whole body smelling like a light-wood knot. After the generous use of stimulants, both internal and external, and the exhibition of large doses of morphia, he again gradually reacted, and, when sufficiently rested to talk, I asked him how much of the remedy he had taken. As near as I could ascertain by his report, he must have taken about 9 fluid ounces in three doses, about one hour apart. The ordeal was a terrible one, but the specific effect desired was not apparent; the sciatica was there yet, and seemed to pay no attention to either remedy so heroically exhibited.

As I stated in the beginning, this paper was not produced to offer any new ideas of the treatment of the disease, but simply to show that, in spite of them, patients will sometimes recover. This poor fellow could not stand quinine in any shape—it only added fuel to the fire.

The modern coal-tar analysis were useless and powerless to relieve his pain. If any remedy had any modifying effect on the disease, which I doubt, it was *actea racemosa*. Chloroform locally applied would relieve for a short time, and combined with fld. ext. aconite root, did add some to his comfort. I think he would have died of exhaustion from the excessive pain had it not been for the benign influence of morphia and atropia hypodermically administered. I finally advised nerve stretching of the affected side, but, after so much useless suffering, the patient declined to undergo the operation. After the elapse of several weeks, the disease disappeared by slow degrees, almost imperceptible, so gradual was its recession.

We have all heard of the traditional old woman who always said if a little was good, more was better. This is the first time I have ever seen the dogma put into actual trial.

## A Case in Practice.

BY B. HATCHETT, M. D., FORT SMITH.

[Read in the Section on Practice of Medicine at the Eighteenth Annual Session of the Arkansas Medical Society.]

The case was that of Mrs. D., a most excellent and cultured lady, aged twenty-eight, mother of two children, subject of two abortions, a blonde, sanguineous temperament.

I was summoned in great haste to see her December 22, 1892. On reaching her bedside I found her lying on her left side, with legs flexed and thighs drawn up towards the abdomen. Her sufferings were excruciating, the pain being to some degree general over the abdomen, but referred more particularly to the region of the cæcum. I was told by the husband that she was passing a gall-stone, and that the attack had suddenly come on twenty minutes before, while she was stepping from a railway train.

Upon examination, I could easily make out a small tumor in the ileo-cæcal region, rather elongated, smooth, elastic and immovable. Pulse and respiration much accelerated, temperature normal, facial expression that of extreme distress, nausea and vomiting, little or no shock. She gave the following history:

Five months advanced in pregnancy; had been troubled for two or three months with "heart-burn" incident to pregnancy, for the relief of which she had eaten large quantities of ground parched Indian corn. Bowels rather constipated. Two weeks previous to this attack she had had a similar seizure, which was diagnosed and treated as an inflammation of some of the pelvic organs. Improvement had been slow but uninterrupted, so that she had been very comfortable for some days.

While on the train, two or three hours previous to last seizure, she had eaten a hearty lunch.

Diagnosis, appendicitis.

Treatment, for the time being, mild salines, hypodermic mor-

phia, occasional enema of warm water, hot fomentations, etc., with strict liquid diet. This treatment was varied and changed in the future management of case as circumstances indicated, and as was decided upon by numerous consultations. The question of laparotomy was often considered, but operation never undertaken. For the succeeding three days patient suffered great pain. Tumor in ileo-cæcal region increased to about three times its original size. Temperature ranged from normal to 100 degrees F. At the end of third day she miscarried; child well formed, and showed it had been dead for forty-eight hours or more. After the uterus was emptied she had very much less pain, and progressed in a favorable way for fourteen days, temperature never running higher than 101 degrees F. Had no rigor or chilly sensations at any time. Nothing to indicate a pus formation. Action of bowels had become normal. Tumor decreased to about its size at my first visit. Patient in good condition. Cheerful, and sitting up in bed; well nourished.

During the afternoon of January 7, 1893, her lower abdomen became gradually distended and hard. Distention appearing to spring from original tumor; no unusual pain or other visible symptoms. On the night of the same day, while at stool, she passed blood clots and considerable clear blood from the bowels. Abdominal distention and induration disappeared. Hemorrhage ceased for forty-eight hours, when it again began and continued to accumulate until the lower half of the abdomen was much distended and intensely hard. This accumulation was passed after several hours in the form of clots and a grumous material of semi-decomposed blood. After this discharge suffered a very great shock; dizziness, blanched countenance, dimness of vision. From this time on hemorrhage, with discharges of clots and decomposed blood, exceedingly offensive in character, occurred at irregular intervals, each one lessening her vital forces more and more.

The original tumor in the ileo-cæcal region remained all the while about the same size. No pus was discharged at any time. The temperature, which up to the day before her death,

had not run higher than 102 degrees F., suddenly began climbing, and reached the enormous height of 109½ degrees F. an hour before her death, which occurred January 16, 1893.

The privilege of making a post-mortem examination could not be obtained.

I briefly report this case, hoping to elicit discussion on the following points:

(1) Was the diagnosis of this case correct, and the reliability of diagnosis in similar cases?

(2) When the diagnosis is made, the advisability of operating upon cases in general—particularly would surgical interference have been justifiable in this case, considering especially the puerperal state, and seemingly favorable progress toward recovery?

(3) What was the source in this case of the intestinal hemorrhage, and the pathology producing it? The experience of the profession with similar complications?

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### A Case of Poisoning With Kerosene Oil.

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Morton (*Indian Medical Record*, Vol. V., No. 7, p, 222) has reported the case of an old man, under observation for insanity, who in a fit of temporary mania, swallowed "half a bottle" of kerosene, and immediately afterward took two ounces of ammonium carbonate. When seen, two hours after the accident, the patient was in collapse. His lips were blue and his face generally cyanosed. The pupils were dilated, and there was complaint of great difficulty in swallowing. A good deal of blood had been vomited and coughed up. Bismuth and soda were administered and warmth was applied to the body. For some days the dysphagia continued, with a sense of rawness of the throat. The food, given in teaspoonful quantities, was occasionally vomited. At no time was there diarrhœa. For a week after the accident the urine was passed in small quantities. A month elapsed before recovery was complete. Lozenges of cocaine afforded relief from the dysphagia.



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## Editorial.

### THE REPORT OF THE COMMITTEE ON REVISION OF THE CODE.

The committee, appointed by the American Medical Association to consider the advisability of amending the Code of Ethics, submitted a preliminary report at Milwaukee, reporting progress and asking for further time to perfect their report.

If the committee had have simply reported progress and asked for further time, it would have been better than to have made certain suggestions "tending to promote the spirit of equity between physicians and so increase professional prosperity."

The best that can be said of the report and at the same time

about the hardest is, that it is what is called in political platforms a straddle.

It leans very tenderly towards the class of "*progressionists*" who are endeavoring to Barnumise the medical profession, while it concludes with a suggestion that "we shall patiently inquire whether in any respect the changes incident to the last half century warrant any modifications of statement of any portion of this document, in the interest of good to all and ill to none, for the increased prosperity of the medical art and science and a more united professional power over those whom we serve."

The report suggests the omission from the Code all sections that describe the obligations of patients to their physicians, and of the public to the physicians. The reason for this assigned by the committee is, "that the Code is not designed for either patients or the public, and so the sections are superfluous."

THE JOURNAL believes that there is no portion of the *Code* more important than the section just referred to, and in this view it has the precedent of the indorsement of the Arkansas Medical Society, by its action at Fort Smith in 1888, when the following was adopted:

\* \* \* "Your committee would further suggest that it is desirable that both physicians and the laity should be more thoroughly instructed and enlightened in regard to the teachings of the Code of Ethics of the American Medical Association, and for this purpose we recommend and urge upon every member of this Society to procure, read and study, so as to perfectly inform himself in regard to the teachings of said Code; and that the Secretary be authorized to procure with the funds of the Society 5000 copies of said Code, and to distribute them to the Medical Societies of the various counties in this State, with the recommendation that they distribute them among their patrons."

It is of the utmost importance that there should be some standard of obligations of patients and the public to physicians, and who can improve on the language of the Code?

One of the commonest remarks of patients is that "I don't know anything about your Code, but I want you to" do this or that. Under such circumstances it has always afforded the writer much pleasure to give such patients a pocket edition of the Code as published by the Arkansas Medical Society. This pleasure has generally been increased by the prompt indorsement of this Code by those who before that had regarded it as a mystifying, unwritten tradition.

If the American Medical Association and all of its subordinate societies will follow the example of the Arkansas Society, as carried out in accordance with the report above quoted, chaos in the minds of the laity would give way to reason and good feeling would be substituted for unjust criticism of the "obsolete" Code.

It is just and proper for a physician to demand from his clients what he believes to be due him, just as much as it is his duty to be able to understand his obligation to the public and his patients.

As to the patenting of instruments and placing them on the same list with the copyrighting of books, this much may be said. It would be better to prohibit the copyrighting of books, for this would decrease their number and probably increase their value, while the patenting of instruments, would largely increase their number, and price too.

But if it is allowed to patent instruments why not permit the patenting every new remedy or compound discovered or devised by physicians? Who is in favor of patenting medicines? And if an instrument which is really a means of curing disease is allowed to be patented, why should there be any restrictions at all?

The third proposition, recommending the more accurate definition of the term consultation is, body and soul, a capitulation to the new-coders. It proposes to leave out the word "regular," and to permit consultation with all licentiates—licentious, as the negro preacher styled himself when stating his status in the ministry—who have licenses to, etc., etc.

THE JOURNAL believes it would be wise to more fully define

the phrase "license to practise from some medical board of known and acknowledged respectability, recognized by this Association." That phrase was interpreted by the Arkansas Medical Society at the first meeting after our abominable law was passed. It decided that license from the County Boards in this State carried with it no additional qualifications.

The fourth recommendation, that the Code be re-written "in phraseology so plain as to make it a common-sense document for daily guidance," etc., is believed to be necessary only for those who are so blind that they *will* not see.

When it is remembered how long and well the Code has served the medical profession, and how thoroughly its phraseology is understood by those who want to be guided by its teachings, it is difficult to understand why these silent successful workers should give in to the noisy minority.

The recommendation that the Code should be made a textbook in all regular medical schools, is indeed an excellent one. The more it is studied and taught, the more beneficial will become its influence in both the profession and laity.

A small number of men with loud voices and perpetually wagging tongues can make more noise than a large number of workers who work in silence.

THE JOURNAL believes that there is no considerable number of the medical profession who desire any change at all in the Code. Loud and continued howling by a few has caused some of the conservative members to mistake noise for numbers, and they are willing to revise the Code on the demand of the malcontents. But it is better to enjoy the good the Code is capable of doing than to risk a change even in phraseology.

Mr. Charles Dudley Warner, in discussing American literature in a recent number of *Harper's Magazine*, used the following language, which with a few changes might adequately express the attitude of the Barnums of the medical profession. He writes: \* \* \* "Literature in national life never stands alone; if we condone crookedness in politics and business under the name of smartness, we apply the same sort of test—that is, the test of success—to literature. It is the test of the



late Mr. Barnum. There is in it a disregard of moral as well as artistic values and standards. You see it in the press, in sermons even—the effort to attract attention, the lack of moderation, the striving to be sensational in poetry, in the novel to shock, to advertise the performance. Everything is on a strain. No, this is not Philistinism. It is sure also that it is not the final expression of the American spirit—that which represents its life or its literature. We trust it is a transient disease, which we may perhaps call by a transient name—Barnumism."

Medicine has its Barnums no less than literature. It might be advisable to revise or abolish the malcontents instead of the Code. At all events let the *Code* alone.

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## EDITORIAL NOTES.

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EXPLANATORY.—The delay in issuing THE JOURNAL has been caused by the question of postage. As has been stated heretofore, the post-office department has ruled that THE JOURNAL was mailable as third-class matter, and not entitled to entry as second-class matter. This decision of the post-office authorities has entailed an enormous expense to THE JOURNAL in the cost of postage, which, at the third-class rate, amounts to 3 cents per copy. The managers of THE JOURNAL have always felt that the publication was entitled to entry as second-class matter at the rate of 1 cent per pound. Repeated efforts have been made to have the ruling of the department changed, but they have heretofore been unavailing. The editor was advised to make a determined effort, and not to publish THE JOURNAL until the last resort had been exhausted and a final decision reached. Through the kind offices of Hon. W. L. Terry, the case has been reopened, and there is every reason to believe that the unjust tax will be removed.

The idea of permanently discontinuing THE JOURNAL was never considered a moment. The publication will continue, regardless of the amount of postage, but as the sum spent for

postage every year amounts to hundreds of dollars, it was thought best to take the advice of others and make a final effort.

The greatest hindrance has been in extending the subscription list of *THE JOURNAL*. This can only be done by sending sample copies to prospective subscribers, and, at three cents a copy, it is rather expensive.

The subscription price, \$1, is so small that thirty-six cents per annum for postage causes an actual loss. This could be balanced by using cheaper paper and altering its typographical make-up, but it is not proposed to take any step backward. *THE JOURNAL* will continue as heretofore to reflect the ability of the medical profession of Arkansas.

The back numbers have been in press and awaiting the final decision of the postal authorities. However, the time of the next annual meeting is so near at hand that further delay is impossible, and the numbers will appear rapidly, and the May issue will be on time and in the meantime the delayed numbers will appear.

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**CHANGE OF TIME OF MEETING.** Members will please note the change of time of meeting to May 23, 24, 25, 1894, Pine Bluff, Ark., explained in another department in this number.

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## **The Arkansas Medical Society.**

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### **Committees for 1893-4.**

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*Arrangements.*—Z. Orth, chairman; the committee to be selected by the Jefferson County Medical Society.

*Credentials.*—J. L. Goree, chairman; A. C. Jordan, A. L. Breysacher.

*Judicial Council.*—A. J. Vance, W. B. Lawrence, F. N. Burke, J. A. Dibrell, Sr., J. S. Shibley, J. T. Jelks, J. D. Southard, J. H. Southall, W. W. Hipolite.

*Medical Education.*—W. B. Lawrence, chairman ; J. B. Crane, Henry Owen, T. C. Linthicum, D. A. Gray.

*Medical Legislation.*—R. G. Jennings, chairman ; P. O. Hooper, J. A. Dibrell, Jr., D. A. Linthicum, J. G. Eberle.

*Committee on State Medicine.*—D. A. Linthicum, chairman.

County.	Name.	Post Office.
Arkansas.....	J. H. Hutchinson...	De Witt.
Benton.....	T. W. Hurley.....	Bentonville.
Boone .....	John Balinge.....	Lead Hill.
Carroll .....	J. D. Jordan.....	Eureka Springs.
Clark .....	J. C. Wallis.....	Arkadelphia.
Cleveland .....	W. S. Woolford....	Kingsland.
Columbia.....	J. T. Hawkins.....	Mt. Holly.
Conway.....	G. B. White.....	Morrilton.
Craighead.....	C. M. Lutterloh....	Jonesboro.
Crawford.....	M. S. Dibrell.....	Van Buren.
Dallas .....	Z. Lantorn.....	Dalark.
Drew .....	D. C. Carroll.....	Tillar.
Faulkner .....	W. B. Barner.....	Conway.
Franklin ..	E. R. Weaver.....	Vesta.
Garland.....	W. H. Barry.....	Hot Springs.
Hempstead .....	R. M. Wilson .....	Hope.
Howard.....	J. S. Corn.....	Nashville.
Hot Spring.....	J. F. Graham.....	Malvern.
Independence.....	J. W. Case.....	Batesville.
Izard .....	E. A. Baxter.....	Melbourne.
Jackson .....	Henry Owen.....	Newport.
Jefferson .....	A. C. Jordan.....	Pine Bluff.
Johnson .	T. D. Nichols.....	Clarksville.
Lafayette .....	D. W. Bright .....	New Lewisville.
Lawrence .....	J. H. Coffman.....	Black Rock.
Lee.....	J. W. Hayes .....	Marianna.
Lincoln .....	W. M. Bittinger....	Grady.
Little River .....	L. A. Sager.....	Rocky Comfort.
Logan .....	J. S. Shibley.....	Paris.
Lonoke .....	J. P. Fletcher.....	Lonoke.
Marion.....	W. R. Brooksher..	Yellville,

Miller .....	W. C. Spearman .....	Texarkana.
Mississippi .....	H. C. Dunavant .....	Osceola.
Monroe .....	W. T. Bailey .....	Clarendon.
Nevada .....	E. R. Armistead .....	Prescott.
Polk .....	W. R. Baker .....	Dallas.
Pope .....	W. H. Hill .....	Russellville.
Prairie .....	W. F. Williams .....	Hazen.
Pulaski .....	J. I. Hancock .....	Little Rock.
St. Francis .....	J. R. Cason .....	Forrest City.
Scott .....	A. A. Sanford .....	Waldron.
Sebastian .....	J. D. Southard .....	Fort Smith.
Sevier .....	F. Smith .....	Lockesburg.
Sharp .....	John Johnston .....	Sidney.
Stone .....	R. S. Blair .....	Mountain View.
Van Buren .....	A. Guthrie, Jr. ....	Quitman.
Washington .....	J. W. Webster .....	Cincinnati.
White ..	D. H. Stayton .....	Searcy.
Woodruff .....	L. A. Jelks .....	McCrory.

*Board of Visitors to the Medical Department of the Arkansas Industrial University.*—B. Hatchett, J. C. Minor, W. H. Heard, A. J. Vance, J. W. Hayes.

*Special Committee on Revision of Constitution, continued.*—L. P. Gibson, chairman; J. A. Dibrell, Jr., Z. Orto, A. J. Vance, B. Hatchett.

### **Change of Time of Meeting.**

The American Medical Association having changed its date of meeting from the first Tuesday in May to the first Tuesday in June, it has been decided by the Secretary, to whom was assigned the duty of fixing the time of the meeting to follow the usual precedent and fix our meeting to correspond with that of the National Association. Therefore, the meeting of the Arkansas Medical Society will be held at Pine Bluff,

WEDNESDAY, THURSDAY AND FRIDAY, MAY 23, 24, 25, 1894.



This arrangement will afford ample time for delegates from this Society to the American Medical Association to reach San Francisco before Tuesday, June 5th, the opening day of the session of the American Association.

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## **County Societies.**

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### **City Medical Societies.**

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There are not many large cities in Arkansas and there is not any local Society whose membership is limited to residents of the city. There are, however, several cities with a sufficient number of physicians living within their corporate limits to conduct a prosperous Society. There are a few of these where medical associations are doing good work, but so small is the number of these that the fingers of one hand—yes, even without the thumb—are sufficient to count them.

Fort Smith, Helena, Pine Bluff, Hot Springs, Little Rock, Batesville, Fayetteville, Bentonville, Texarkana, Van Buren, Hope, Arkadelphia, Jonesboro, Marianna, and perhaps several others are prosperous business towns with all the outward signs of progress and success in the varied occupations followed by their citizens. Yet in how few of these towns do medical societies hold regular meetings? THE JOURNAL is aware of the good work being done in some of them, and it is painfully cognizant of the indifference prevailing in the ranks of the medical profession in a majority.

One of the cities above enumerated is what is called a live town, a hustling community, a railway center, the "Gate City" of the State, the "Twin City," the "Interstate City," etc. Its population is more than 10,000, and unless it is the most noted exception on earth it has its full proportion of doctors. Its bank directors, church stewards, Masonic and other secret bodies, trades unions, political conventions—indeed, all the organizations commonly found in a city of the first-class—

meet more or less regularly in Texarkana, Ark., except the Medical Society. There are good doctors in Texarkana, and a number of them, and judging from certain printed matter in possession of *THE JOURNAL* there are some very bad ones, too. The line ought to be drawn in that city, and it cannot be too quickly done. Bad matters are growing worse, and the Texarkana medical profession ought to get together—the regular parts of it—and organize a Society.

Fort Smith and Helena always have maintained excellent organizations among their medical men. They are models in medical organization, and what they are accomplishing can be done in a greater or less degree by earnest physicians in many other counties having flourishing cities for county capitals.

Pine Bluff is doing well. The Jefferson County Society has kept up well for several years, and from the well-known character of its leading members there is every reason to believe that good will continue to result from its excellent organization.

Hot Springs now has two medical organizations. From the trouble they have sometimes had in maintaining continuously one good association in that, the most metropolitan city of our State, it would seem that it was rather a daring undertaking to try to permanently establish more than that number. Good material is abundant in Hot Springs, and if the doctors will keep cooled off or boiled down so as to maintain an even temper toward each other, there is room for several medical clubs, societies, associations or whatever names the respective organizations may choose.

The Little Rock Medical Society! If the President of the New York Academy of Medicine was to drop into a Little Rock doctor's office and accidentally spy one of the notification postal cards, his eyes would become green with jealousy. On this large and neatly printed postal he would behold the officers who number four, the roll of members which includes forty-eight names, a list of standing committees for the current year, the stated meeting nights printed, and the notice concluding about like this :

Meets Monday night, November 6, 1893.

At Dr. (name given) office.

Essayist, Dr..... (very blank) .....

Subject.....(a much longer blank) .....

Signed, ..... M. D.,

*Secretary.*

That postal card is splendid, but notwithstanding the long list of members, whose forty-eight names are printed on its face, it is unfortunately about the biggest thing about the Little Rock Medical Society, with the possible exception of certain dilated parts of the alimentary canal after a "*refreshments*" meeting, or the expectation of some of the members just anterior to the annual election of officers.

It is, perhaps, unfortunate for the Society that it has so many good and capable members. That really seems to be one of its ailments. So many good members stay at home supposing that all the other good members will attend meetings that the sessions are poorly attended when a really good paper is read, it almost seems as if fate keeps from the meeting the very members who ought to be present to discuss it. But it is unjust to say all these mean things about a Society that could do worse. The organization is kept up; occasionally good papers are read and followed by animated discussions. There are no dissensions in the Society or among the medical fraternity of the Capital. They dwell together in brotherly love, without very close unity, and all in all they are a clever set.

If Van Buren doctors were to join its baseball club, or the members of the b. b. club would become graduates in medicine and get into the medical association, there would most likely be one of the liveliest medical societies in existence. Now it is not probable that all the Van Buren doctors have gone wild on baseball to the neglect of their own professional welfare. But it does appear that a city that is large enough and progressive enough to support a ball club of national repute ought to furnish medical gentlemen in sufficient numbers

and with enough energy to carry on their deliberations at least during the close season for baseball.

If Fort Smith will organize a medical nine Van Buren will be sure to be ready to meet it in battle array at all times. Van Buren has grown healthily, and it certainly has some of the best physicians in the State who are sharing in its prosperity. Can't they rival Fort Smith's excellent association? It would be a friendly contest and one in which, contrary to most contests, both would win.

The great Northwest cities contain so many medical gentlemen of great learning and dignity that *THE JOURNAL* is quite shy about attempting any criticism of their doings, but, in the language of one of New England's distinguished Congressmen, it would request the privilege of inquiry if the members of the medical profession in the counties of Washington and Benton have been "deposited in a cavity."

Batesville is the quiet town of the State. Her citizens are exemplars of that slang saying which in Bostonian would read "separate timber with a serrated steel instrument and be silent." Batesville and her physicians are always doing good and saying very little about it. The Medical Society that meets at Batesville has maintained its organization for years. The high esteem in which her physicians are held by all classes could not be more beautifully shown than was manifested in innumerable ways during her entertainment of the State Society at the last meeting.

Individual modesty is never more becoming than when possessed by a doctor. More publicity in *THE JOURNAL* of the transactions of the Independence County association would in no manner be incompatible with the individual reticence of its respective members.

Newport is another town of goodly size and enterprise. She has awakened from her long slumber, and, if she continues the good beginning she made this year, Jackson County will always be represented at every meeting of the State Society.

Hope is another "good town," as the commercial traveler would say, and the meetings of the Southwest Arkansas Medical Association are generally held there. With a large por-



tion of the southwestern part of the State she was swept by a cyclone just about the time the State Society was meeting. All the physicians from that section were cut off by washouts and delayed transportation, but they will come again, and the State Society will know them as they have been known of old.

From the newspaper reports, Jonesboro is growing with a rapidity that almost suggests hypertrophy. Frequent mention of her physicians—some of them—indicates that progressive medicine is not an unknown quality in her vicinity. *THE JOURNAL* hopes they will come out into the broad field of State organization and lend their assisting hands to the great cause of the whole Profession.

Thus has been mentioned in a desultory way some of the leading cities and towns of the State, any one of them containing a sufficient number of good physicians for the purposes of medical organization.

It is not suggested that any city should organize a society composed exclusively of physicians residing within its limits, but the statement is made that on account of the difficulty of travel incident to a trip from the country, any or all of these places should be able to conduct their societies in spite of bad roads, overflows and other obstacles that prevent country practitioners, or those living in the smaller towns, from coming together at stated times.

Some of the best societies are in counties which contain no towns of much importance as to size and where travel is most difficult and irksome.

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### **Send in Names.**

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*THE JOURNAL* would be glad to receive the names of every reputable physician in the State for the purpose of sending them sample copies and keeping them informed about the Society's doings. Will every member who reads this confer a favor by sending in the names of his medical acquaintances who are not now members of the State Society?

## **The Little Rock Medical Society.**

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The annual election of officers was held the first Monday evening in this month and resulted in the election of Dr. D. A. Gray, President; Dr. W. H. Miller, Secretary, and Dr. R. W. Lindsley, Treasurer. The attendance was not as large as heretofore on election nights. After the meeting adjourned, the retiring President, Dr. Edward Meek, invited the Society to Gleason's Hotel, where an enjoyable supper was spread. The refreshment feature was not mentioned until after adjournment, else the attendance at the regular meeting would undoubtedly have been much larger.

It has occurred to THE JOURNAL that its previous references to refreshments and elections may possibly have kept some of the over-sensitive away. It hopes, however, that such was not the case. The list of absentees is largely composed of those who have received all the honors the Society is able to bestow and are so well fixed in the good things of this world that the most dainty refreshments could not tempt them. The new President is devoted to medical societies, and has the energy and ability to rehabilitate the Society. If the Society does not prosper during his administration, it will not be his fault.

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## **Miscellany.**

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### **Acetanilid as a Dressing for Wounds.**

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BY FRANCIS W. HARRELL, M. D., OF GILMAN, WASH.

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Our surgeon in charge of the Seattle Coal and Iron Company's mines at this place, and having to treat a great number of burns, scalds, contused and lacerated wounds into which coal-dust, ashes, iron filings, grease, and dirt of every kind have been thoroughly ground, and finding none of our present dressings equal to preventing suppuration in these cases, I have

naturally been searching for some means of making these wounds aseptic and keeping them so—some dressing that would prevent sepsis, and kill germs by contact. I think I have found what I wanted in acetanilid in the form of a powder. Reasoning in my own mind that many of the coal-tar derivatives have germicidal properties, and being struck by the non-hygroscopic properties of acetanilid, I began experimenting with it as dressing for wounds.

The first case in which I tried it was an extensive laceration of the skin and muscles of the lower arm and forearm of a boy of nineteen. There were two wounds, one on the upper surface of the lower arm, an inch by two inches in extent, and one on the under surface of the forearm, an inch by two and one-half inches in extent. After carefully washing these surfaces with warm water, I applied pulverized acetanilid; the next morning I examined the wounds and found no pus, and then applied more acetanilid. The same result was observed each time I examined the wounds, and I also noted that they were growing preceptibly smaller. After a week the boy went off on a fishing excursion and I did not see him for a week. The dressings had not been changed during this time, but the wound on the forearm had healed, while the one on the arm was not larger than a dime. I applied a fresh dressing, and healing was complete in about a week. At no time was there any show of pus in these wounds. The young man called my attention to the fact that the dressing when first applied "was a little peppery," as he expressed it, but that in ten minutes all pain had disappeared.

The same effect has been noted in every case in which acetanilid has been used, clearly showing that it has local anesthetic powers. I have treated similar injuries with iodoform, boric acid, carbolic acid solutions, and with bichlorid solutions and gauze, but I never have succeeded in curing them without the formation of pus. Since then I have used acetanilid in the treatment of every case I have had in which there was extensive loss of tissue, and in every case it has acted well, the usual result being no pus and rapid recovery. I have not been able

to use it in any major operations, as, fortunately, we have had no very severe accidents here for the last two months. My method of treatment has been cleanliness, with the application of finely powdered acetanilid to the wound. Apply plenty of it; in fact, for a crushed finger I make a bed of acetanilid.

Not being a practical chemist myself, and not having a hospital at hand where I can carry on extensive investigation, never having seen anything written on this subject, and being impressed with the cheapness of this substance, its lightness, its bland, non-irritating qualities when applied to abraded and wounded surfaces, I make this communication to call the attention of the profession to the value of acetanilid and to get some one who has more opportunities than I have to investigate it. I have found acetanilid a dry dressing that does not scald the skin, as does boric acid; does not have an offensive odor, as does iodoform; will never poison by absorption, as does sometimes carbolic acid or mercuric chlorid solution or gauze. —[*New York Medical Journal*.

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### **A Note as to the Use of Oxalic Acid as an Emmenagogue.**

BY FRANK W. TALLEY, M. D., OF PHILADELPHIA;  
(Instructor in Gynecology, Philadelphia Polyclinic.)

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The use of oxalic acid in the treatment of amenorrhea was first suggested by Dr. F. Paulet, and afterward introduced into American literature by Dr. A. W. Marsh in an article in the *Therapeutic Gazette*, March, 1891. It is recommended that the drug be administered in half-grain doses, repeated every four hours, and it is described as a safe and efficient emmenagogue.

During the past twelve months I have used it with very gratifying results in a series of cases of amenorrhea presenting themselves for treatment at the Polyclinic and at the Pennsylvania Hospital. While I value oxalic acid as an emmenagogue,



I cannot entirely subscribe to the conclusions drawn by Dr. Bloom in his article in *The Medical News* of October 14, 1893. While an efficient emmenagogue and a capable abortifacient, oxalic acid is not to be regarded as a perfectly safe drug. I have in the last month met with a case in which toxic symptoms followed the ingestion of three doses of half a grain each repeated at about four-hour intervals. The patient was an anemic girl, twenty-two years of age, who gave a history of scanty menstruation and a complete cessation of her periods for three months. The uterus was not enlarged nor were there any of the signs of pregnancy. She was placed upon oxalic acid in half-grain doses, which she was directed to take after meals, largely diluted with water. After the third dose she was seized with vomiting, pain in the epigastrium, and became completely prostrated. The pulse was weak and rapid, and the extremities cold. She was placed in bed, external heat was applied, and the symptoms of collapse were soon overcome. She then complained of cramp-like pain in the hypogastrium and back. These symptoms were followed by an eruption upon the arms, trunk and legs, resembling that of hives, which was still present seven days later and was attended with considerable itching. The symptoms gradually diminished in severity, the gastric symptoms being the most pronounced.

The action of oxalic acid seems to be directly as a stimulant to the uterine mucous membrane. It is, therefore, applicable to the treatment of amenorrhea of the anemic as well as of the plethoric type. Upon the pregnant uterus oxalic acid is capable of producing powerful uterine contractions which terminate in the expulsion of the product of conception. This was observed in two cases of early physiologic amenorrhea to which oxalic acid had been administered, the diagnosis of pregnancy not having been made.

Considering the fact, therefore, that oxalic acid, even when administered in fractional doses, is capable of producing toxic symptoms, and bearing in mind its powerful abortifacient properties, we should be guarded in recommending it as a safe

remedy. I consider it a valuable drug in the treatment of amenorrhea, but one that should be given guardedly, carefully watched, and only prescribed when the diagnosis of pregnancy has been excluded.—[*New York Medical Journal*.]

### Ten Tests for Death.

An English physician writes to the London *Lancet* that he was called to see an old lady who was believed to be dead, but whose countenance looked natural and life-like, the eyes being open. The family, being extremely anxious, urged that all the tests of death be applied, and this was done in the following order:

1. Heart sounds and motion entirely absent, together with all pulse movement.
2. Respiratory sounds and movements absent.
3. Temperature of the body taken from the mouth the same as that of the surrounding air in the room, 62° F.
4. A bright needle plunged into the body of the biceps muscle (Cloquet's needle test) and left there, showed on withdrawal no sign of oxidation.
5. Intermittent shocks of electricity at different tensions, passed into various muscles and groups of muscles, gave no indication whatever of irritability.
6. The fillet test applied to the veins of the arm (Richardson's test) caused no filling of the veins on the distal side of the fillet.
7. The opening of a vein to ascertain whether the blood had undergone coagulation, showed that the blood was still fluid.
8. The subcutaneous injection of ammonia (Monte Verde's test) caused the dirty-brown stain indicative of dissolution.
9. On making careful movements of the joints of the extremities of the lower jaw, and of the occipito-frontalis, rigor mortis was found in several parts.

Thus of these nine tests, eight distinctly declared that death

was absolute—the exception, the fluidity of the blood, being a phenomenon quite compatible with blood preternaturally fluid and at a low temperature, even though death had occurred.

10. There now remained the diaphanous test, which was carried out by the aid of a powerful reflector lamp yielding an excellent and penetrating light. The writer says: “To our surprise the scarlet line of light between the fingers was as distinct as it was in our own hands subjected to the same experiment. The mass of evidence was of course distinctively to the effect that death was complete; but, to make assurance doubly sure, we had the temperature of the room raised and the body carefully watched until signs of decomposition had set in. I made a visit myself on the succeeding day to assure myself of this fact.”—[*American Lancet*.

### A Remarkable Remedy for Remarkable Diseases.

We cannot forbear allusion in the most lenient and amused spirit to an interesting specimen of *English as she are translated into* that comes to our notice in the shape of a circular descriptive of a French pharmaceutic preparation, “a coal-tar product” of marvelous efficacy for some forms of disease that may be new to our readers. There are four octavo pages of recommendations; we can only cite a few—the syntax and capitalization being those of the circular:

“In the opinion of the Dr. Bouchut, the best topic into the buffy angina consists to employ douches into the pharynx. Since ten years I do not use other means at the hospital; the patient child opens his mouth, inclining himself, with a basin under his chin, and the liquid, injected with strength, go out, without never to penetrate by the windpipe.” We suppose the “gastric tube” of the French child must be absolutely without twist or turn from beginning to end. Dr. Dupont also recommends the preparation especially “for to be underskelter of the infection,” and Dr. Lorrain is especially pleased

with it, "for the disinfection of the woman confined in the preventative against the consecutive accidents at the deliveries." Dr. Basin finds it "an excellent mean of fortifying the scalp." For this purpose he "had prescribed ordinary some lotions with the acid of one little imbibed sponge extended with three at six parts of tepid water or water at the bran." "Into the ulcerous affections of the gums the emulsion is poscassing one special efficacy for consolidating the bared teeth, destroying the leavens or animalcula what often unwrap itself in these organs," etc. "For the toiled of the nurslings," for "the Veterinary Medicine," "into the leucorrhea (wite flowers)," for "crusts at the head," etc., the good "Emulsion at the 30th, 40th and 50th," are alike efficacious, employed "into the eyes, the eyelids, the buccal and vulvary gangrene, the fluent hemorrhoids," etc. This caution is wisely added: "The seat and nature of the lesions as so as the most or less great capitiousness of the organs demand in many circumstances the coal-tar be added with unmingled water." "The Emulsion-mere at the 5th shall be the starting post for the attenuation."

This matter of translating from one's native language into another without the faintest knowledge, and solely by the aid of a dictionary, has proved a source of unfailing amusement to many generations. If one knows French well one can trace every twist of the poor translator's mind. For example, one would be puzzled to understand the notices in our circular thrt "the principal Stock Fort the Great Britian, is at, etc., and Fort the United State," if you didn't remember that the French word *magasin* (warehouse or storage depot) may have an English synonym in the dictionaries, *Fort or Fortress*.—[*Medical News*.

### **A Movement Important to the Medical Profession.**

Some years since *The American Lancet* urged the advisability of the literary departments of our universities so arranging their courses leading to the A.B. degree as to include the studies of the first one or two years of the medical course—



these studies, of course, to be elective, though they were to call for the same amount of study as the other branches. It was urged that such a course would detract nothing from the value of the training for the A. B. degree, and would save to the student one or two years of time and expense. With such an arrangement it was believed that more of those designing to study medicine would take the A. B. degree first.

Our suggestion has been adopted by Michigan University, by Columbia College, by Harvard and possibly other colleges, including Princeton. It seems to us that no great urging will be required to induce all reputable literary colleges to organize such electives, and all reputable medical colleges requiring a four years' course to accept the same as a portion of the study calling for the degree of M. D. We hope every physician having any influence in either direction will throw it in favor of this desired movement. Too long the medical colleges have been isolated from literary and scientific institutions, for the good of all parties. Medicine needs the scholarly stimulus of the literary institutions, and the latter need the support of the medical colleges and the sympathy and co-operation of the medical profession. We want more persons to obtain the training needful for the A. B. degree before beginning the study of medicine. The changes suggested will attract many more to this course.

The scholarly atmosphere of the college life will prove most helpful to prospective medical students. The discipline of the students would remove the "freshness" of those having a superabundance of this article, and so squelch the embryo quack. The broader knowledge of himself and the world will prove of great service in the student's medical studies and his career as a physician. Let the literary and medical colleges join hands for their mutual development and the promotion of their common purpose.

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DR. RUSSELL REYNOLDS has been elected president of the Royal College of Physicians, of London, in succession to the late Sir Andrew Clark.

## Papain.

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Sittmann (*Munchener medicinische Wochenschrift*, XXXI, 1893) has made numerous observations with papain, as obtained from the fruit of papaya carica growing in the tropics. The substance is a yellowish powder, having an aromatic taste, somewhat resembling that of a meat extract, and is a remarkable solvent of albumen. The author found that two-thirds of a grain sufficed to change 150 grains of coagulated white of egg mixed with hot water into an opalescent milky fluid in the course of two hours, no free albumen remaining. The action is the same in an alkaline or faintly acid medium. As might be expected, it was found to assist the gastric juice when deficient, facilitate the digestion of albumen, and allow of its earlier passage into the duodenum, thus relieving the stomach. It was used in doses of four to eight grains, made into a thin paste, and taken immediately after every meal, which was made to contain a large proportion of albuminous matter. Two to three doses caused cessation of pain in acute gastritis, and after a further period of twenty-four hours the appetite returned, a cure being effected in two or three days. In chronic cases treatment had to be continued sometimes as long as fourteen days, and in three of these cases, where undoubtedly an ulcer had at some period existed, recovery was very rapid, one patient, for instance, being again able to take meat without subsequent pain. Two cases of carcinoma pylori were also distinctly relieved. Striking results were obtained in three severe old-standing cases of dilatation, the treatment with papain being supplemented by electricity and massage applied to the epigastrium and abdominal wall. In one of these patients there was a gradual retrogradation of the dyspeptic symptoms, and he is now able to eat meat three times a day. The third patient was in the habit of washing out his stomach nearly every night, which he now no longer finds necessary; externally a diminution in the size of the stomach also became noticeable. There was only transient success in gastric neuroses, but the author rec-

ommends the experimental application of the method with as little water as possible to diphtheritic membranes.—[*University Medical Magazine*.

### Newspaper Medicine Again.

A writer in the *St. Louis Globe-Democrat* has soared above the mere blundering to which newspaper writers usually confine themselves when they descant on medical matters. In an account of an operation for traumatic aneurism of the femoral artery, he says that the surgeon "cut a heart out of a man's leg." He goes on as follows: "Instead of being necessary to the patient's existence, as hearts usually are, this organ was a very dangerous possession, and was likely to end his life at any moment. The heart was almost as large as the one usually found inside a man's ribs, and beat in very much the same manner. It was situated upon the inside of the right leg, four or five inches above the knee, and was more tender than the ball of the owner's eye. . . . The aneurism could be seen to beat to all intents and purposes like any other heart. If one brought his ear close to it he could hear a constantly repeated blowing or breathing sound coming from beneath the skin. *This noise was caused by the vacant air space around the swollen artery where it had crowded the muscles aside.*" The operation is described thus: "A sharp knife laid the tissues aside and exposed the femoral artery with its apple-shaped bulb. The artery was then tied, or 'ligated,' two inches above and two inches below the swelling, and the big bulb cut open. Nearly a pint of blood gushed forth and then there was no heart left. The slit artery was then sewed together with fine silk threads previously soaked in antiseptic solutions, and left to heal. The ligatures above and below were left to remain, however, until the artery is fully healed. Then they will be untied and the blood allowed to go down Gentry's [that was the patient's name] leg as usual. In the meantime the patient's limb will receive blood from the smaller arteries, and will, in all probability, keep from dying."—[*New York Medical Journal*.

## The Effect on Sucklings of Purgatives Administered to the Mother.

Gow, of London (*The Practitioner*, March, 1893), was inspired by the experiments of Fehling upon the appearance of certain drugs administered to nursing women in the milk, to the investigation of the effect upon the nursing infant of purgatives administered to the mother. Four drugs were selected—aloes, senna, cascara sagrada and sulphate of magnesium. In all cases the frequency of the action of the bowels was noted before and after, in both mother and child, and the trial extended over a period of time not less than a week, and in some cases longer. The observations were simply clinical, no attempt being made to determine whether the drugs given appeared in the milk. The infants varied in age from three weeks to ten months.

Eleven observations were made with senna, administering 10 grains once a day, and in a few cases oftener. With one exception, the child's bowels were unaffected, and in the exceptional case they were "less costive than before."

Ten observations were made with aloes, administering 2.18 grains of Barbadoes aloes, combined with extract of nux vomica, once a day, in five cases, and twice a day in the remaining five cases. In eight cases the child's bowels were unaffected; in one case the child became more costive, and in one case the bowels acted more freely.

Ten observations were made with cascara sagrada, in doses of 2 to 5 grains of the solid extract and  $\frac{1}{2}$  drachm of the fluid extract. In eight cases the children's bowels were unaffected; in one case they became more costive, and in one case less costive than before.

Eleven observations were made with sulphate of magnesia, administering 1 drachm three times a day. In five cases the children's bowels were more freely opened than before. In one case the child became more costive.

These observations show that sulphate of magnesia, admin-



istered to the mother, led to purgation of the child in nearly half the cases. Senna, aloes, and cascara sagrada seem only occasionally to produce this result, and therefore may be considered most suitable remedies for constipation in nursing women.—[*University Medical Magazine*.

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### Removal of the Stapes for the Relief of Deafness.

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This operation, first advocated by Kessel in 1875, and occasionally done by accident or intention since, was given a fuller trial by Jack, of Boston, as previously reported in these columns, with favorable and promising results. An additional group of cases has been published by Burnett in the *Medical News* of March 13, and by Blake in the *Archives of Otology*, and more extended experience has been reported by Jack, with continued immunity from bad results. But at the meeting of the American Otological Society in July, both of the latter operators reported some unfavorable cases and acknowledged the dashing of the hopes at first entertained. Similar reports come from various directions, with occasional successes; but most aural surgeons are feeling their way very cautiously in the matter, and have been unwilling to extol or decry the measure on the basis of very few experiences. It is so rational, in view of our knowledge of the pathology of many cases, to free or extirpate the stapes, if this can be done with such safety as these instances generally indicate, that it will be a severe blow to the hopes of many if it prove unsafe or futile. Yet Bezold caused such serious vertigo, vomiting, and fainting in his first patient that he fears to repeat the experiment, although she recovered after some weeks a portion of the hearing of which the operation had totally robbed her. In this case the vestibule had not been opened or drained. Lemcke reported at the same meeting of the German Otological Society one unintentional extraction of his where hearing was diminished after it. Wolff had extracted in one case with production of but slight vertigo and

some gain in hearing. It is singular that the suppurative cases, where the peril of septic infection of the labyrinth would seem greatest, have not yet given as unfavorable results as some easy and almost ideal cases for operation.—[*Therapeutic Gazette*.

### Fracture of the Patella Treated By Wiring.

Lucas-Championniere, in the *Journal de Medicine et de Chirurgie Practiques*, April 10, 1893, page 224, gives the histories of three cases of fracture of the patella treated by wiring. The author has had some forty cases, and the three reported were of peculiar interest. The first case, a man, aged 42 years, was operated on thirty days after the accident. Two and a half years after he broke his other patella, and it was operated on seventeen days later. The fragments were wired in both cases, and after the last, the patient walked on the seventeenth day, and left the hospital on the twenty-second. The result was perfect. The second case was operated on the 12th of October by one of the internes, and on the 22d of December appeared with a new fracture; one wire was found to be untwisted and the other broken. The patella was found to be so friable that only one wire was passed through it, while the other was passed through the tissues around it. The patient was up fifteen days after the operation, and two months after the accident was walking without fatigue. The third case was that of an acrobat, aged 19 years. He was allowed to walk after the tenth day. At the end of two months he was again doing his acrobatic feats. In cases where it is impossible to make the fragments meet, two loops of wire are used to hold them as close as possible. The last case fractured his patella eleven months previously and was treated by an apparatus. After being in bed three months, he got up and sustained another fracture. A fracture of the patella was found, and also a rupture of the tendo-patella. The joint was opened and the superior fragment fixed to the tuberosity of the tibia by two

thick wires. The result was excellent. The operator uses wire one millimetre thick and opens the joint well and moves it soon.

### **Medicine and Art.**

It seems worthy of comment that among the thousands of pictures at the Columbian Exposition, illustrative of the art and customs and types of every country and calling of the world, there are not half a dozen pertaining to medicine. The query arises: Is this because of any inherent qualities of medical ideals and practices that do not lend themselves to esthetic treatment? Every aspect of life, death, suffering and wrong that the world has known is portrayed by the painter or sculptor, all save the one aspect of illness and the medical saving of life. The heroism of the men who kill is found pleasing, but not the heroism of those who bring life out of death. Perhaps this illogicality rests upon the larger one of the contemptuous and contemptible opinion of medicine in the minds of the world. Inexplicably, unconsciously, but also inevitably, the worldling rates the great physician immeasurably below the great general, statesman or lawyer, and with the large majority, there even arises a tinge or a down-right dyeing of disrespect, when medicine comes into thought. As to the picture again, the impracticability of the art-treatment of medical subjects is sadly illustrated by the examples at Chicago. Seligmann's "Billroth's Clinic" is well-known to many through a cheap reproduction. Lessing's "The Sick Bed," and Jemenez's "Salla de Hopital," are hardly worth passing notice, and the treatrical clap-trap of Heyl's "Before the Section," (*sic*) is wholly execrable. All are simply prosaic recitals, none being touched with the divine fire of art. Are such things necessities or misfortunes—errors of the artist or inherent in the subject?—[*N. Y. Medical News.*]

## Preliminary Vaginal Douche in Labor.

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Eberhart, of Cologne (*Centralblatt für Gynäkologie*, No. 37, 1893) refers to the preliminary vaginal douche which he first employed while assistant in the clinic of Kaltenbach, and still practices. He uses it not only in the hospital, but in private practice as well, with the best results. Prior to operative measures, he employs a 1 per cent. lysol solution for washing the vagina instead of the 1:3000 sublimate solution previously employed. The lysol solution he uses also for the uterine irrigation on account of its non-poisonous character.

The absolute indications for the vaginal douche Eberhart quotes as follows:

- (1) In gonorrhea.
- (2) In other copious discharges.
- (3) When the vaginal secretions have a stinking odor.
- (4) When there is an elevation of temperature.
- (5) When an operative measure, as an intra-uterine one, shall be attempted.

Otherwise the douche may be omitted in private practice; in hospital, however, it should always be employed.

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## Lumbricoid Worms in Young Children.

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Miller (*Jahrbuch für Kinderheilkunde*, Vol. XXXVI, Part 3, 1893) reports a case of a child, 3 weeks old, who passed an ascaris under the following circumstances: The child was born July 10th. On July 17th the cord separated, on the 18th inflammation of the umbilicus began, which terminated in a gangrene of the navel, with perforation of the small intestine, which was bound to the belly wall at that point. The child constantly thereafter passed the stool through the artificial anus. On August 4th a living female round worm was passed from this opening; it measured six inches in length. This is the only case in which so young a child has been known to pass a



lumbricus. The infection in this case, the author thinks, probably took place through impure water used in the milk, or in washing the nipple. He does not consider that the worm had any causative effect in the perforation of the intestine.

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### **A Rich Gift to the Newberry Library.**

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Dr. Nicholas Senn, of Chicago, has given his collection of books to the Newberry Library, of Chicago. It is estimated that \$50,000 could not duplicate this collection. It is especially rich in works on surgery, containing, as it does, the collection made by Dr. William Baum, the professor of surgery in the University of Gottingen. This latter library, bought in its entirety by Dr. Senn, when it reached Milwaukee, came to its new owner packed in fifty-two cases, making an entire car-load. The *Journal of the American Medical Association* for December 30th gives us these data, and also states that Mrs. Senn is the prime mover in this action. Knowing the great worth of the collection, and appreciating the almost daily danger that a private residence has of loss by fire or other casualties, she has prompted the professor to put the books in a safe place at all hazards. He weighed the matter carefully and concluded to give his books to the Newberry Library, and thereby place them at the disposal of his medical brethren.—  
[*New York Medical Journal*.]

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### **A Bit of Official Wisdom.**

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The following paragraph is copied verbatim from a board of health report of a town not a dozen miles from Suffolk County. The lucid advice, as well as the English of this intelligent health official, are both worthy of notice: "Every person who is confined in a house owing to sickness and contagious diseases,

should at all times be thoroughly covered with disinfectants, both externally and internally, to insure safety to themselves and to others, as in my mind a spread of the same is caused by carelessness on the part of people who know it all, and cannot be told by person of experience."—[*Boston Medical and Surgical Journal*.]

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### The Influence of Ultra-Violet Rays on Small-Pox.

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According to the *Universal Medical Journal* for December, the method of treating small-pox as recommended by Finsen has been successfully employed by Lindholm, of Bergen. The patients were placed in a room from which the ultra-violet rays of light were shut out by red window panes or by covering the windows with red curtains. Twenty cases, of which ten were in unvaccinated children, were treated in this manner with complete success; all the patients recovered, although severely attacked. The eruption dried up shortly after its appearance, there was no fever of maturation, and the patients recovered soon and with but few scars.

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### Common Mistakes of Doctors.

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1. To allow yourself to be agitated by the criticisms or praises of the patient's friends.
2. To allow yourself to make a display of your instruments.
3. To allow yourself to experiment or exhibit your skill uncalled for.
4. To allow yourself by look or action in a consultation to show that you are displeased, and that if you had been called first matters would have been different.
5. To allow yourself to indulge in intoxicating beverages.
6. To allow yourself to rely wholly upon the subjective symptoms for your diagnosis.—[*Dietetic Gazette*.]

# PHARMACY.

This Department is conducted by the Secretary of the Arkansas Board of Pharmacy, to whom all communications relating to it should be sent. Address,  
Mr. W. W. KERR, Russellville, Ark.

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## The U. S. P.

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It is with a great degree of satisfaction that we will herald into universal use the United States Pharmacopœa, seventh decennial revision, January 1, 1894.

Unfortunately the edition immediately preceding this one has been popular with neither the medical nor pharmaceutical professions, principally because, I think, definite amounts were not given in the formulæ (only proportions). It seemed as though something was wanting, and the average *practical* man had little time to waste in computing *how much* of each individual ingredient was required to make a specified amount of the finished product. The U. S. P., 1890, however, is quite definite, and the finished product expressed is the average amount desired by the majority of practical druggists, hence, little excuse is furnished for "figuring." However, the U. S. P., 1880, was only an intermediate step towards introducing the Metrical System of "weights and measures." In this last edition the preliminary notices are very explanatory and practical and only need the careful reading of them to be recommended. The description of the process of percolation is somewhat longer and more in detail than was expected in a work of this kind, yet it is my opinion that two pages could not have been more advisedly used to the benefit of the student. It leaves little instruction on the subject to be *looked up* in text-books. Not many years since, nearly every number of any pharmaceutical journal contained a different theory as to the shape of the percolator, the packing of the drugs, etc. Now these and all similar questions are answered. The relations between the merits of measures and weights in use are so fully explained that the merest tyro may easily comprehend them.

While it might be regretted somewhat that the committee did not feel justified in including among their additions some of the most valuable of those remedial agents, whose process of manufacture is covered by letters of patent, they are more to be commended for ignoring them. A few such remedies are of undoubted merit, deserving the attentions of the professions; yet the mere fact of including a proprietary medicine would give grounds for introducing many worthless products in future editions. With much pleasure many of us notice our old friends "Glycerite of Carbolic Acid" and "Glycerite of Tannic Acid" again official. As both of these preparations are definite and of extensive use, it was a surprise when they were dropped from the sixth revision.

Acetanilid, aqua chloroform, eucalyptol, menthol, naphthal, vegetable cathartic pills, salol, terebene, terpin hydrate and tinct. strophan—these are all needed additions to be welcomed. Among the articles dismissed, the abstracts certainly deserved their fate, yet the wisdom of excluding "ext. malt," "mixture of assafoetida and magnesia" and "spiritus odoratus," can be seriously questioned. Extract of malt is a valuable remedial agent, yet an entirely satisfactory product is obtained with difficulty, and for this very reason, should have been retained, giving some standard test, though not easily applied. As for Dewees' carminative, it is extensively used, and, being a definite preparation, think it should have been retained, possibly under the name of an *emulsion*.

Although there are ninety articles dismissed, yet, of those retained, some appear to be but rarely used, and it is doubtful if they deserve a place in an official work.

Many of us anticipated a dose table, and I think it would have been fully as useful to the pharmacist and physician as any of the tables included. The newly-coined word, *emulsum*, is to be commended as distinct from a mixture that could hardly be properly called *emulsion*.

In regard to the chemical nomenclature, it was somewhat of a surprise to many of us, although it is in keeping with the advancement of the book.



The work as a whole is elegantly gotten up, and too *much praise cannot be said* of the committee of revision. They accomplished much for pharmacy in the United States, and it is much pleasure to know that our country leads in an official work on pharmacy, fully abreast of the Columbian Exposition, when we point to the Columbian edition of the United States Pharmacopœa.

J. M. ANDERSON.

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### **The Acids of Fruits.**

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The grateful acids of the rhubarb leaf arises from the malic acid and binoxalate of potash which it contains; the acidity of the lemon, orange, and other species of the genus *Citrus* is caused by the abundance of citric acid which their juice contains; that of the cherry, plum, apple and pear, from the malic acid in their pulp; that of gooseberries and currants, black, red and white, from a mixture of malic and citric acids; that of the grape from a mixture of malic and tartaric acids; that of the mango from citric acid and a very fugitive essential oil; that of the tamarind from a mixture of citric, malic and tartaric acids; the flavor of asparagus from aspartic acid, found also in the root of the marshmallow; and that of the cucumber from a peculiar poisonous ingredient called fungin, which is found in all fungi, and is the cause of the cucumber being offensive to some stomachs. It will be observed that rhubarb is the only fruit which contains binoxalate of potash in conjunction with an acid. It is this ingredient which renders this fruit so wholesome at the early commencement of the summer, and this is one of the wise provisions of nature for supplying a blood purifier at a time when it is likely to be most needed. Beet root owes its nutritious quality to about 9 per cent. of sugar which it contains, and its flavor to a peculiar substance containing nitrogen mixed with pectic acid. The carrot owes its fattening powers also to sugar, and its flavor to a peculiar fatty oil; the horseradish derives its flavor and blistering power from a volatile acid oil. The Jerusalem artichoke contains

14½ per cent. of sugar and 3 per cent. of inulin (a variety of starch), besides gum and a peculiar substance to which its flavor is owing; and lastly garlic and the rest of the onion family derive their peculiar odor from a yellowish, volatile acrid oil, but they are nutritious from containing nearly half their weight of gummy and glutinous substances not yet clearly defined.—  
[*Chemistry of the World.*

### Soothing Syrup Without Opium.

*Canada Medical Record*, August, 1893.

R.	Olie anisi .....	℥xxxv.
	Alcoholis .....	℥ij
	Extract valerianæ, fld .....	℥j.
	Olei menthæ piperitæ .....	℥xv.
	Tincture camphoræ .....	℥ij.
	Extract glycerine, fld.....	℥j.

M. Sig.—Shake the bottle. Dose, one-fourth or one-half teaspoonful in water. Repeat as needed.

It is reported that there are 700 women practicing medicine in the Russian Empire, and a new school of medicine for women has just been started in St. Petersburg, with a four years' course of study. To the support of this school the State contributes annually 15,000 rubles, and from one to three years' service in the hospitals for women and children is expected of the students before they present themselves for the final examination.—[*Public Opinion.*

THE International Medical Congress, which was postponed from September 24th, on account of the prevalence of cholera in Italy, will be held at Rome from March 29 to April 5, 1894.

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Diseases of Non-Parous Women.

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BY T. J. WOODS, M. D., BATESVILLE, ARK.

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[Read at the Eighteenth Annual Session of the Arkansas Medical Society.]

In my experience in gynecological diseases, I have been much surprised as to the frequency of uterine diseases in non-parous women, especially in virgins, as well as the contrast between the uterine diseases between parous and non-parous women. Furthermore, I have, in my search for literature on this subject, been much surprised and no less chagrined in not being able to find any satisfactory distinction pointed out between these two classes of diseases.

According to my experience, I am convinced that after excepting neoplasms of the uterus and its appendages, venereal diseases and inflammation and its sequelæ from metastatic and traumatic origin, there is no identity between these two classes of gynecological diseases.

In the physical signs, I notice that in all uterine diseases of parous women, before senile atrophy has occurred, there is enlargement, whereas in non-parous women there is either no increase of size, or, as I find in the majority of my cases, an actual diminution from the normal size. In parous women there is almost invariably some variety of displacement, gen-

erally retroversion or retroflexion. These displacements are accompanied by enlargement, tenderness, hyperæmia and more or less descent of the womb. In the uterine diseases of non-parous women, displacement is less common, and when it does occur is generally anterior displacement, mostly anti-flexion. These displacements are attended by diminished size, anæmia, very little soreness or tenderness, and ascent of the womb. These flexions appear to me to be due to a faulty development of the uterus. In parous women, not only is the uterus enlarged, but the vaginal walls, fallopian tubes and ovaries all appear to be increased in thickness and size, and quite frequently one or both ovaries descends until it can be easily felt through the vaginal wall, while in non-parous women there is no thickening of the vaginal walls, no enlargement of the fallopian tubes and ovaries, no prolapse or descent; on the contrary, the appendages are usually abnormally small. In parous women, the os uteri is enlarged, and, I may say, always either lacerated or presents signs of a cicatricial repair of a lacerated cervix; and it presents a reddened, eroded or hyperæmic surface. In non-parous women, the os, if there be any departure from a normal appearance, is contracted, and presents an appearance of fibrous degeneration, as a rule. In parous women, there is generally a more or less ruptured perineum, which greatly modifies and complicates the uterine disease, and the mechanical pressure from enlargement and descent of the uterus materially interferes with the functions of the rectum and bladder, and, by retarding the blood stream to and from them, produces hemorrhoids and cystitis. But these conditions rarely complicate uterine diseases in non-parous women.

I find that in the functional derangement of these disorders there is quite a contrast. Menstrual disturbance is a matter of great moment in the diseases of both parous and non-parous women, as there is an exaggeration of all the symptoms in both classes of these diseases, but there is quite a difference in their manifestations. In parous women there may be menorrhagia or metrorrhagia, but seldom a menorrhea or dysmenorrhea; in



non-parous women a menorrhœa or dysmenorrhœa is generally an accompaniment, and menorrhagia and metrorrhagia are very seldom.

*En passant*, I will here express my opinion that "membranous dysmenorrhœa never occurs except in non-parous uteri." According to my observation, there is a characteristic difference between the leucorrhœal discharges of these diseases. In parous women, the leucorrhœa is more copious, sometimes tinged with blood, is sometimes sanious or mucopurulent, often quite irritating, producing vaginal irritation, soreness, excessive itching or burning pains in the vagina or labia, while in non-parous women the leucorrhœal discharge is less abundant, more viscid and seldom if ever bloody, except at menstrual periods, not sanious or mucopurulent and does not often produce local disturbance.

Symptoms present a characteristic difference in these two classes of disease. In parous women there are more local manifestations of disease of the genital organs, as pains in the back, hips, thighs, rectum and dragging or bearing-down pains in the abdomen. In non-parous women there is frequently little or no local manifestation of uterine disease, often so little that the reflex and physical phenomena overshadows the real trouble to an extent that serious uterine disease may be overlooked by any competent practitioner. Another obstacle here is the modesty and timidity of ladies who have never borne children, in respect to disease of the sexual organs, which cause them to avoid the mention of such symptoms as would lead the physician to suspect uterine disease, and often the doctor has to extort such information as would aid him to arrive at a correct conclusion by a rigid and artful interrogation. I confess there is also frequently too much timidity on the part of the physician. It requires much professional zeal and determination to demand a physical examination of the genitalia of non-parous women, especially in young unmarried women.

Psychical phenomena and reflex neuroses are very prominent symptoms in both these classes of disease, but in these, also,

there are characteristic differences. In parous women the principal reflexes are the uncontrollable headaches, especially in the vertex and occipital regions, pain and tender points along the spinal column, gastric derangements, cardiac and respiratory aberrations, as dyspnœa, palpitation, aching or cramping of the extremities, and a choking sensation. The psychical phenomena are irascibility, gloomy forebodings, as if some impending calamity were about to culminate; often hysteria manifests itself, in some one or more of its Protean phases. In non-parous women the reflexes, though not so numerous, are perhaps more intense, and they are more apt to assume the appearance of the actual disease. In this class the principal neuroses are precordial pain, paroxysms of hyperesthesia, accompanied by nausea or intense cephalgia or both, fulgurating neuralgias, epilepsy, chorea, etc. The psychical manifestations are chiefly illusions, hallucinations, insanity, imbecility, etc. I do not claim that these distinctions are definitely exemplified in all cases, but according to my observation and experience they are approximately correct.

Now, from the very evident contrast between the physical signs, functional derangements, neurotic and psychical manifestations, I am led to conclude that these two classes of diseases are dependent on entirely different pathological and etiological conditions, which I hope in this article to elucidate.

Almost all the gynecological diseases under consideration are, in parous women, due to child-bearing; as subinvolution, endometritis, areola hyperplasia, chronic parenchymatous metritis, granular, cystic or follicular degeneration of the cervix, lacerations of the perineum or cervix, inversions, uterine fungitus, all the varieties of uterine displacements except those due to improper clothing, laborious occupation, imprudence during menstruation, mechanical pressure from over-crowded bladder or rectum. Now, in looking for etiological factors in the diseases of non-parous women, these causes mentioned as peculiar to women who have given birth must be eliminated, and we have remaining the above-enumerated exceptions, and other more potent factors which I hope to disclose. The ex-

ceptions just enumerated are causes of uterine diseases in both parous and non-parous women, and may produce endometritis, acute or chronic, uterine fungosities and displacements in non-parous women, it is true, but they are not sufficient, in my opinion, to account for the vast majority of diseases met with. What, then, are these etiological factors? Neglect of physical development, excessive development of the brain; this disturbs the normal equilibrium and produces nerve bankruptcy of the generative organs; and as a sequel there is atrophic or trophoneurotic cessation of uterine development, and in many cases of ovarian development also. The parturient uterus has always undergone hypernutrition during gestation, and from this condition result almost all the diseases of parous women under consideration. This being an element which has never entered into the causation of non-parous diseases, it is plain that there is a diametrical contrast between the pathological and etiological factors in diseases of parous and non-parous women. Whatever the causes of diseases of the non-parous uterus, they seem to have the same ultimate effect, that of arrest of the proper development of the normal tissues of the genital organs, followed by menstrual derangements, reflex neuroses and psychical disorders, and a depreciation of vital energy, laying a foundation for any disease to which the person may be predisposed. This condition is not analogous to congenital lack of development, but it has a distinct pathology, and it may be produced by any cause which interferes with the normal nutrition of the genital organs.

In contrasting diseases of parous and non-parous women I have anticipated in some measure my description of the diseases of non-parous women, but I hope I do not trespass upon your patience by giving a resume.

The physician when called to treat one of these cases, generally finds that his patient, or her friends, has become alarmed at some of the reflex or psychical phenomena, without ever suspecting that it has any connection with any uterine disease. If he interrogate his patient judiciously, he will develop the fact that she has been a sufferer from various symptoms, the



length of time depending upon her age, this class of disease generally coming on at or before puberty. Perhaps the statement will be that she took cold during a menstrual period, and that since that time the menses have been irregular, very painful and often very scant, very often missing one or two periods entirely. At first the only suffering was the painful menstruation, but she gradually grew worse, having neuralgias, general hyperesthesia, cephalgia, various mental disturbances. The general health during the intervals between the menstrual paroxysms may not be much improved, but as the disease advances the symptoms become much exaggerated, vital energy decreases more or less, emaciation ensues and there may be apparent or real organic disease of the lungs or other vital organs. He may discover that his patient has been treated for disease of the kidneys, liver, heart, bladder, spine—all of the itises and algies—everything but the uterine disease, in which has been exhausted all the emmenagogues, carminatives, anti-spasmodics, sedatives, analgesics, soporifics, alteratives, tonics, etc., all with nothing more, if anything, than temporary relief.

If he will impress upon his patient the necessity of an examination of her genital organs, he will rarely fail to get her consent. On investigation he will find the uterus high in the pelvis, generally curved forward with a small conical cervix, sometimes uterine and ovarian tenderness, but as a rule there is no great tenderness and no enlargement or prolapse of these organs. On introducing the speculum, he will find the cervix small, generally conical, with contracted os, and an absence of hyperæmia or erosion. Introduction of a probe or sound will reveal a constricted cervical canal and, a shortened uterine cavity, its length varying from one and a half to two inches. The uterine disorder I consider the essential factor in these cases and from it are developed at least three types of disease. The first one of these cases in which the ovaries seem to be diseased also; in these we meet both reflex neuroses and psychological derangement, in which the latter predominates. In the second class the ovaries are not perceptibly



affected and the neuroses predominate. The third class includes those cases in which a menorrhœa and emaciation are their leading features, and there is apparent or real disease of the lungs or other vital organs. I will present a brief report of three cases, each representing a variety of the classes mentioned.

Without a thorough investigation, it is impossible to make accurate diagnosis, and any effort to treat such cases without understanding their nature would be groping in utter darkness; but a digital and specular examination will reveal the cause of all the trouble, and with proper local treatment we may expect a successful termination of an otherwise incurable malady. I always insist on a physical examination in such cases, regardless of age, and if the patient persistently refuse to submit to proper exploration, I decline to treat the case.

The rational indications in these diseases, as in all other diseases, is to remove the cause and repair injuries which may have arisen; and to remove the cause in these diseases consists in restoring the genital organs to a normal condition by appropriate local treatment. Here the important question arises, "What is the appropriate treatment?" In my experience, the remedies so potent in the treatment of the diseases of the parturient uterus, the various methods of depletion, curetting and cauterizing the endometrium, the negative galvanic current, are not only useless but injurious, as those remedies have for their purpose to reduce hyperplasia and other excessive developments. In the treatment of diseases of the non-parturient genitalia, the design should be to use such remedies as will promote their normal development. In my experience, the following treatment best fills the indications:

First, dilate the cervical canal; this will admit of the free escape of menstrual fluid and facilitate the introduction of medication. For dilatation, I prefer the graduated steel or hard rubber sounds to either tents or divulsors. Intra-uterine injections or applications of iodized phenol every three to six days, and hot water vaginal injections once or twice daily; and a remedy that I esteem also is the positive galvanic current, and both

the positive and negative Faradaic currents, according to the method of Apostolli, every three to six days, alternating with the medicinal applications. In the use of electricity, I would avoid the negative galvanic current as positively injurious. In the proper use of electricity in these cases, I have been greatly surprised and not less delighted to observe the rapidity with which the uterus will develop in size, reaching a normal development in a few weeks, and *pari passu*, the disagreeable symptoms disappear.

One more important consideration and I will conclude this paper by giving a synopsis of these cases. While there are a large proportion of physicians who rely alone on drug medication in these diseases, there are a smaller number of a surgical turn of mind who want to extirpate the ovaries when there are severe reflex or psychical phenomena. I am well convinced that the conservative course of treatment here pointed out will always succeed and that extirpation of any of the genital apparatus is not proper.

CASE I.—Mrs. H., age 38 years, married 14 years; commenced to menstruate at 15 years of age and suffered very much during her menstrual periods; was quite irregular. The symptoms were general neurasthenia, cephalgia, neuralgia in the left ovarian region, pain and tenderness along the spinal column, especially between the shoulders and the back of the neck. Since her marriage the menses have become quite regular, but the paroxysms have grown worse, especially the psychical disorders. She had been under medical treatment for many years, but without apparent benefit. When called to see her, I expressed my belief that the cause of all her trouble originated from some internal disease and advised her to submit to a proper investigation, to which she readily consented, as she was convinced that without relief, she could not live a great while. On examination I found the uterus high up in the pelvis and so small that I could not feel it through the abdominal wall. It was bent forward, not excessively tender, and its cavity measured one inch and a half. There was great ten-

derness of the left ovary, but it was neither enlarged nor prolapsed.

Treatment.—I advised a proper hygienic regimen and prescribed the usual routine of paliative and analeptic remedies. Dilated the cervical canal with graduated sounds and made intrauterine applications with iodized phenol at intervals of six days, alternating at similar intervals with intra-uterine applications of electricity. After a few weeks' treatment, a mild metorrhagia supervened, during which local applications were suspended for six weeks, as I believed the discharge to be beneficial rather than injurious. At the end of this period, the hemorrhage was checked by intra-uterine applications. The applications were continued at varying intervals for three months. At this time the uterine cavity had become normal in depth, and the lady considered herself entirely well. She has continued in excellent health for almost two years, her old aches, pains and other distressing symptoms having entirely disappeared.

CASE 2.—Miss C., age 20 years. Her health had been failing for six years; for the last two years her recovery had been dispaired of. When I first saw her she was greatly emaciated and she suffered intensely and constantly; her suffering was Protean in its phases, and though she had been under constant treatment during her affliction, she was constantly growing worse. She had smothering, palpitation, fugitive pains and aching all over, and seemed to suffer great mental agony. All these phenomena were greatly exaggerated during the menstrual period. The menses were irregular, both as to time and quantity. My conclusion was that all her symptoms were of reflex origin and due to uterine disorder, which was confirmed by a thorough examination of the genitalia. The uterus was antiflexed, not tender or hypersensitive; its cavity measured two inches. There was no ovarian tenderness or enlargement. My diagnosis was malnutrition, with imperfect development of the genital apparatus.

Treatment.—In addition to suggestions as to hygienic management, I prescribed the endless routine of anodynes, tonics.

alteratives, etc., and commenced making local applications to the uterus, viz.: Dilatation of the cervical canal, intra-uterine applications of iodized phenol and electricity, as described in the previous case. After a continuation of this treatment at varying intervals for four months, she entirely recovered, became corpulent and has enjoyed excellent health for more than two years.

CASE 3.—Miss M., age 23 years. Had always been of a delicate constitution; menstruation had always been irregular and scanty, often missing for two, three or four months. During the last four years her health had been wretched, having suffered constantly with pains in the chest and limbs and ached all over. At the time I first saw her she was suffering daily exacerbations of fever, a distressing cough and was greatly emaciated. The opinion of herself and friends was that she was dying slowly with consumption. A critical examination convinced me that my patient did not have phthisis, but the trouble all arose from uterine disorder. On investigation I found the uterus high in the pelvis, anti-flexed and its cavity measuring two inches; no uterine or ovarian soreness or tenderness. Prescribed appropriate hygienic precautions and the indicated constitutional remedies; dilated the cervical canal, which was much constricted, and commenced intrauterine applications of the remedies used in the preceding cases, with the result that in three months my patient had greatly improved. The cough and all her aches and pains had disappeared and the menstrual functions had been natural to a normal condition, and the lady was congratulating herself on her recovery. Six months later she had a relapse, which however soon yielded to the original treatment. She is now enjoying good health.



## Lithæmia and Lithium.

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BY W. F. SANER, M. D., HOPE, ARK.

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The disorders occasioned by the accumulation of uric acid are too varied and numerous to admit of adequate consideration in an ordinary review article. The normal human kidney excretes soluble urea. Uric acid, that most insidious and pernicious poison, proceeds from some functional derangement, generally an inert liver. Combined with a base, it passes off as a gritty sediment or remains until by accretion it becomes a calculus in the renal sack. The kidney was not intended to excrete insoluble urates, and the passage of this sediment or calculus occasions intense pain.

The indications of a lithæmic condition are primarily a foul tongue, headache, hepatic inertia, and constipation. Then, high-colored urine, which is scant, often scalding, irritating the urinary canal, high specific gravity, acid reaction, with sediment, mucous and even albumen. The salts of lithium constitute the most popular, and as yet the surest remedy for this condition.

Dr. Ure, a half century ago, discovered the potency of this agent as a solvent of uric acid, and the verdict of the profession has since been uniformly in its favor. Lithium is an alkali, and its low combining number, chemically, gives it extraordinary power in neutralizing acids, three times as much as iodine and five times as much as potassium. Then the salt formed with lithia as a base is extremely soluble, merely affording relief to the lithæmic patient more speedily than any other known remedy. The lithium carb. is generally used; a white powder without odor, alkaline taste, retaining its identity on exposure to air, and tardy of solution in water. When ingested, however, it readily permeates the circulation, carrying off the uric poison.

Now, a few thoughts as to its administration. In a late number of a medical journal a Buffalo (N. Y.) doctor, while

advocating the use of lithia, asserts that the quantity found in the waters of the most celebrated lithia springs, viz., Buffalo, (Va.), Gettysburg, Farmelle and Londonderry, is not sufficient to produce any appreciable good. He places Londonderry first, it being the most fertile of this ingredient, having four grains to the imperial gallon (omitting the Saratoga Spring, which has double that amount). At the same time, this doctor recommends very highly a much-advertised proprietary water, containing ten times as much lithia as the Londonderry, or forty-four grains to the gallon. We are not disposed to undervalue the artificial water, but give the result of our experience with the natural. We have used the water of the Arkansas Lithia Spring, in Hempstead County, as yet not advertised and little known, which contains 3,688 grains of lithia carb. to the imperial gallon, with the most decided and gratifying results, not only in one but a dozen cases where there was no question as to the uric acid diathesis. The water was freely used and in from ten days to six weeks relief followed and so far is permanent. Much depends, of course, upon the amount of water consumed. Physiology teaches that we excrete daily by the lungs, skin and kidneys about seven and a half pounds of water, and take in only about fourteen ounces in solid food. This being the case, to maintain the normal excretion, seventy-five ounces should be imbibed. To obtain prompt effect, even more than this quantity should be drunken. At any rate, use of this lithia water has relieved the most obstinate cases of lithæmia. We would apprehend trouble in thus using the 44.110 grains solution. Lithia given in large doses produces an unpleasant dizziness, sometimes a slight vertigo; hence we would advise caution in its administration. Beware of heroic treatment.

In this avaricious age, when vendors of patent medicines seem to care more for revenue derived than relief afforded, we may take the fulsome advertisements of mineral waters *cum grano salis*. Last year we were surprised to see in a journal of pharmacy published at Detroit, Mich., a statement from a Boston chemist, to the effect that he had analyzed the waters of the leading Lithia Springs, and found every one much less

fertile in lithia than their published formulas indicated. Some had barely a trace, and of the Londonderry he said he found great difficulty in obtaining a specimen of the water from the spring, and when he did it contained no lithia. It was distributed from their packing house, where he could obtain any quantity. We do not discredit the analysis of the Londonderry, as given by its proprietor; chemists and conditions differ—this is equally true of the artificial waters.

The salts of lithium (carb. and chloride) do not occur in nature except in small quantities, and that in mineral waters. They are prepared from various silicates by complicated processes, generally the chloride and sulphate, the carbonate being formed from them. It is difficult to obtain a chemically pure carbonate, unless from mineral springs—nature does not adulterate her drugs.

The introduction and sale of these health-restoring agencies should be controlled by law. A correct formula should be required on every package.

Our commonwealth is abundantly able and ought to have a State scientific department, with a thoroughly equipped laboratory, and a competent man at its head, to whom should be submitted every questionable article that affects the health of the people. This, however, opens up a new subject, and we have already trespassed too largely upon your clemency.

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## **Prolapsus Uteri.**

BY W. W. BAILEY, M. D., FORT SMITH.

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[Read in the Section on Surgery at the Eighteenth Annual Session of the Arkansas Medical Society.]

Three years since I was consulted by Mrs. M., aged 53 years, multipara. The nature of her complaint, was prolapsus uteri. The uterus protruded from the vulva to about the third stage, as described by Thomas. The uterus was con-

gested, œdematous and relaxed. She was emaciated; only able to walk about the house; had imperfect vision in both eyes and her hair was quite gray, and she informed me life was a burden to her. Had borne five children, the youngest then sixteen. Her menstruation ceased at 47 years. Besides the procidentia, I found an extensive laceration of the perineum. I proposed an operation for its repair and replacement of the womb. To this she consented. I replaced the womb and repaired the perineum as near as I understood according to Emmet's operation. She made a rapid recovery, steadily gaining in strength and health, so that in a few months afterwards she became able to make her own living; being poor, she depended upon washing for her maintenance. The repair of the perineum in this case has kept the uterus in position. She informs me now that she can do as much work as any man. Her eyesight has been restored, and she has hardly a gray hair in her head. What is quite remarkable besides, about six months ago she began to menstruate, and her periods are as regular and natural as in her younger days.

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VACCINATION matinees have become quite the fashion in Paris. Persons belonging to fashionable society co-operate in arranging to have a doctor and a cow at an afternoon tea. The company are all vaccinated from the cow. In some of the large houses of the Champs Elysees, the cow is taken up in the elevator, and is temporarily installed in the dining-room. The cards issued bear the words: "*On Vaccinera.*"—[*Exchange*.]

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FOR whooping-cough Bergeon recommends rectal injections of carbon dioxid, in volumes of a quart or two quarts, given not earlier than three hours after the taking of food, and repeated at intervals of not less than four hours, in accordance with the intensity of the paroxysms.—[*Munch. Med. Wochenschr.*, No 44.]



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## Editorial.

## PUBLIC HEALTH IN TWO STATES, ALABAMA AND ARKANSAS.

It is well known to the citizens of Arkansas that shortly after the inauguration of the present chief executive of this State, he suggested a Convention of Southern Governors to meet at Richmond, Virginia. The suggestion was concurred in by the Governors, and as a result a convention was held at Richmond, April 12, 1893.

THE JOURNAL has received a "*Hand-Book of Arkansas, Alabama, South Carolina and Virginia—with illustrations.*"

This book contains addresses, by the Governors of the

States named in its title page, setting forth the advantages of each, and inviting immigration and capital to seek homes within their respective borders.

THE JOURNAL desires to make a comparison between the addresses of the Governors of Arkansas and Alabama in so far as they mention health as an inducement to immigration.

Governor Fishback says in his address: "Our climate is proverbially genial and healthy in the greater part of the State. Our death rate is much smaller than in most of the Northern States, while our birth rate is nearly double that of most of our sister States of the North.

"The Surgeon-General of the United States army reports, I am informed, the death rate of troops stationed in Arkansas is less than at any place in the United States."

On what authority does the Governor rely for the statement that our death rate is much smaller than in most of the Northern States while our birth rate is nearly double that of most of our sister States of the North? Arkansas has never had any authentic statistics as to her birth rate or death rate. Only once in her history has any State Board of Health made a report, and so short lived was that board, that its work was only fairly begun when it was smothered by lack of any further appropriation. If census reports are consulted, it will be found from the method of obtaining them that they are far more unreliable than guesses.

As to the report of the Surgeon General, that document has done advertising duty long enough, and it is time our State should have something more comprehensive to which to refer.

During one fiscal year when two companies, not exceeding eighty or ninety men in the aggregate, were stationed at the Little Rock barracks, under the medical care of Surgeon Edwin Bentley, one of the most competent and faithful army surgeons in the service, the report of the chief medical officer of the army showed the smallest death rate of any post *where troops were stationed* that year. Troops were not stationed all over the United States any more than they were stationed all over Arkansas. As the strongest argument in favor of public

sanitation, it may be stated that the excellent health of the troops in the year mentioned was directly attributable to a thorough sewerage system which had just previously been established.

It is indeed a good word for *Little Rock* and it cannot be repeated too often, but it should not be made a perpetual basis for health statistics for the entire State.

The truth is, Arkansas has no Board of Health and therefore no reliable statistics on which to base statements as to either death rates or health rates. No State stands more in need of such an organization, amply provided with means, and perhaps fewer States would make better showing; but as it now is we are utterly in the dark on such important questions and our darkness is rendered all the more impenetrable by the shining results of public sanitation in our sister States of the North and South.

Now listen to the Governor of Alabama:

"It is a common and generous weakness of mankind to claim, each for his home, the blessing of healthfulness. It is an equally common weakness to exaggerate the dangers to life in localities far removed. While here in Alabama we believe that we have as healthful a country as exists on the globe, we are aware that the inhabitants of Northern Europe and of the Northern States of America possess exaggerated ideas of the fever dangers of the Gulf coast. As a matter of fact, the death rate of our cities, where the statistics are accurately preserved, show a general rate of mortality rather under than over the average of the country at large, and for whites alone very much under the average, ranging from eight to twenty per thousand. Epidemics rarely intrude upon us, and when they do their ravages are confined by a thoroughly organized State Board of Health and quarantine system. Indeed, the single disease of consumption in colder climates is more fatal in its ravages than all the fevers and epidemics from which Alabama has ever suffered. An increasing number of strangers are coming each year to Alabama in search of health

among her mountains in summer and on her Gulf coast in winter."

At least one line of this quotation will bear repeating with emphasis: "*Epidemics rarely intrude upon us, and when they do their ravages are confined by a thoroughly organized State Board of Health and quarantine system.*"

Nothing is more painful to medical men than to note the ignorance and indifference displayed by the laity in matters pertaining to public health and sanitation.

At this very time citizens in certain portions of the State are, to use a slang phrase, "pawing the earth" on account of the line of quarantine against Texas cattle fever, while in other portions consumption, diphtheria, scarlet fever, typhoid fever and other preventable diseases of the human family are killing people constantly without attracting much attention except from the individuals directly interested.

Alabama has, perhaps, the best medical laws of any other State North or South. The whole machinery of examinations, public health and quarantine are in the hands of the State Medical Association. \* Appropriations have been liberal and the work of her State Board has shown what great advantages return to the State for the money thus expended.

The public prints daily contain letters to the Governor of Arkansas or the Commissioner of Agriculture making inquiries about certain features of the State, its climate, timber, land, minerals, etc. It is no exaggeration to say that for every letter addressed to these individuals there comes more than one addressed to the Secretary of the State Board of Health (supposed to exist), asking for latest reports. Arkansas has a complete report of her geology, and the other physical features are tolerably well written up in various pamphlets prepared for general distribution, but what data can be furnished respecting the health and means that are being employed to prevent sickness and stop the spread of epidemics? About the best that can be answered is that once upon a time a Surgeon General of the United States army reported that one year there were fewer deaths at the Little Rock barracks than



at any other garrison in the United States where troops were stationed that year.

These things are mentioned more for the laity than the members of our own profession, and the physician who fails to impress upon his non-medical friends the helplessness of our State in these matters will be neglecting a most important duty. Alabama says in substance: We have a healthy State and we can prove it, and we are prepared to protect the lives of our citizens. Arkansas says, like a scared school-boy with his finger in his mouth: An army officer said the soldiers at the arsenal had mighty good health one year, but I don't know much about it.

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#### EDITORIAL NOTES.

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SUCCESSFUL AT LAST.—The post-office department has at last recognized the right of *THE JOURNAL* to entry as second-class mail matter. The managers of *THE JOURNAL* have been working at this for nearly four years, feeling all the time that if the exact nature of our publication was understood, there would be no difficulty on the part of the authorities in coming to the just conclusion that we had been unjustly excluded from benefits that we were clearly entitled to and which were being enjoyed by other publications with perhaps less right to them.

The whole matter was put into the hands of Congressman W. L. Terry, and his personal interest in *THE JOURNAL*'s behalf brought about the desired result.

Congressmen are not sent to Washington to represent individuals, though many of the latter seem to think so. It is the frequent custom of many public men in Washington to simply indorse communications sent to them and transmit them to the proper departments, asking favorable action. This of course is the easiest way, but not always the best for the interested parties. Col. Terry is entitled to the thanks of every friend of *THE JOURNAL* for his successful labors in its behalf, and we feel

sure he will be kindly remembered whenever a subscriber sees THE JOURNAL envelope without its former blanket size 3-cent postage stamp.

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THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION TO MEET AT HOT SPRINGS, ARK., NOVEMBER 7, 8 AND 9, 1894.—THE JOURNAL congratulates Hot Springs on its securing the the meeting of this Society. The membership is large, extending far beyond the Valley of the Father of Waters, and the meetings have generally been well attended, though on account of the distractions incident to the Columbian Exposition only 145 attended the Indianapolis meeting this year.

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## **The Arkansas Medical Society.**

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### **The Nineteenth Annual Meeting at Pine Bluff.**

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On Wednesday, Thursday and Friday, May 23, 24 and 25, 1894, the Nineteenth Annual Session of the Arkansas Medical Society will be held in Pine Bluff. Only once before has the Society held a meeting east of the St. L., I. M. & S. Ry., and that was the session at Pine Bluff in 1889. The Society was invited to Helena one year, but after most elaborate preparations for its entertainment were considerably advanced, the unprecedented overflows rendered necessary a change to Little Rock. To those who attended the last meeting at Pine Bluff no word of encouragement will be necessary to induce them to repeat their visit. Notwithstanding the successful session of 1889, conditions have somewhat changed, which render the city a still more convenient meeting place for 1894. A branch of new railroad has been constructed south from a point on the Valley Route below Pine Bluff, which brings within easy access the extreme southeastern part of our State. Heretofore that part of Arkansas has been practically unrepresented in the

State Society, for the good reason that transportation facilities were not within reach of some of the most populous counties now traversed by railroads. The increase in population along the "Cotton Belt Route" has added more doctors to the different communities. Several small towns in 1889 are now cities of the first class, so rapid has been the growth in population and commerce. Pine Bluff is traversed by two through lines of railway, crossing at almost right angles at the depot, and these connect with the entire railway system of the State. So it will be easy to get there, and the Pine Bluff doctors have the reputation of being the best entertainers in the country. This does not refer to social features alone ; if it is possible they will have a feast for the mind equal in every particular to the best the Society has ever had. While they can unaided make provision for the social features, it must be impressed upon every member of the Society that the feast of reason has to be prepared by *all* members. It will unfortunately be near the meeting time when this number of *THE JOURNAL* reaches its readers. But apply the same rule in this case that you observe in your practice of medicine ; the later you are called and the more dangerous the condition in which you find your patient the greater energy you display in your treatment. There is not time for scolding because you were not sent for sooner. Apply your treatment heroically, save your patient, and show your friends that you are just the kind of doctor to be useful in an emergency. The complaint has frequently been uttered by those having certain duties to perform that they were not notified in time. Has it ever occurred to those who have listened to some of these *short* notice addresses or reports that they are often much better than productions that have been in preparation a whole year ?

There ought to be at least 150 members at Pine Bluff, and there will be that many if all do what they can to have a good meeting. Pine Bluff will do her share. Will all the doctors throughout the State aid her ?

## County Societies.

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### Sebastian County Society.

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The regular meeting of the Sebastain County Medical Society was held in Dr. Eberle's office, Dec. 13, 1893. Those present were Dr. J. G. Eberle, President, and Drs. Gardner, Saunders, Hatchett, Blakemore, Wright, Moulton, Amis, Hynes, Epler and Southard.

After some routine business the following officers were elected for 1894, viz.: Dr. Geo. F. Hynes, President; T. J. Wright, First Vice-President; W. F. Blakemore, Second Vice-President; J. D. Southard, Secretary; J. W. Breedlove, Treasurer.

Dr. Southard, the essayist for the evening, then read a paper entitled, \**"The Identity of Diphtheria and so-called Membranous Croup."*

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### Send in Names.

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Secretaries of local Societies will please send to THE JOURNAL the names of all members of their local Societies who are not already belonging to the State Society. THE JOURNAL would be glad to receive the names of any physicians in the State who are eligible to membership in the State Society. It is only through the assistance of those already belonging to the Association that its membership can be increased. THE JOURNAL will be glad to send sample copies to physicians throughout the State and hopes the members will assist it in keeping the medical profession freely informed on all matters pertaining to medical organization.

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AUGUST MARTIN, heretofore docent, has been made professor of gynecology and obstetrics in the University of Berlin. The honor thus conferred is an eminently deserved one.

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\*This paper will be published in the number for January, 1894.—[ED.]



## Miscellany.

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### Medical Gossip of Former Years.

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BY A. J. HAMILTON, M. D., CASSVILLE, HUNTINGDON, CO., PENN.

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In studying the medical literature of the first quarter of the present century the student is amazed at the disparity of development in the correlative sciences of medicine and surgery. With the exception of brain, and, perhaps, abdominal surgery—though even here laparotomy and gastrotomy had been performed with success—the latter branch of the science has improved very little. So far as the technique of operative procedures is concerned, our fathers have not been surpassed by later day operators in the manipulation of the knife, and in the diagnosis of fractures and dislocations it is doubtful if we possess to-day the peer of Cooper or of Dupuytren. It is true that the surgeons of that period went straight to the point aimed at, as evidenced in their mode of reducing dislocations of the hip, or in the tying of the common carotid, so that the operator might remove a tumor from the mouth, unembarrassed by hemorrhage, but they reached the point nevertheless. And as history, even in surgery, repeats itself, it may not be amiss to record that as Jamieson tied the common carotid three quarters of a century ago to enable him to remove a fungoid mass from the mouth, so White opened the trachea and inserted a tube that he might pack the pharynx full of sponges, and then remove a diseased tongue. The object aimed at in both instances was the same. In both instances the fertility of resource marked the true genius.

In plastic surgery, too, the operators of the time had arrived at an astonishing degree of proficiency, Cooper having dissected up a flap from the scrotum, and used it with perfect success in closing a perineal fistula through which the urine escaped ; thus, in the stilted language of the day, "he added

to surgery a new application of the Taliacotian art." It cannot be denied, however, that the early surgeon seemed rather indifferent to the fate of the patient, contenting himself with having performed the operation *brilliantly*; thus Anderson, in commenting on the case of tying the external iliac, his patient having died on the twelfth day, says: "From what has been said, it will appear to every unprejudiced mind what a simple and safe thing it is to apply a ligature around the external iliac. Really, I feel as confident that under the ordinary circumstances of aneurism, this artery could be tied with success, as that the common operation of phlebotomy is unnecessarily attended with hazard." His confidence is refreshing.

A curious relation between the students and professors seems to have existed in those early times, especially in the French schools. The professors cordially despised the students, and the students just as cordially hated the professors. Mr. Cross, who wrote sketches of the schools of Paris about the beginning of the present century, has left the following record: "The young men who swarm in the hospitals are very poor and very unruly. They are despised by the higher classes of Parisians, who distinguish them by the degrading epithet of *carrabins*. Dupuytren, surgeon to the Hotel Dieu, treats the students with the greatest contempt, which is returned by them with a great deal of hatred into the bargain. Last year he had all the carrabins turned out of the wards by gendarmes, at the point of the bayonet."

In the use of medicines, also, the surgeons of Paris at that time displayed acute observation, and in syphilis were undoubtedly very much in advance of their brethren of England and the United States. In the venereal hospital, jocosely called L'hospice-des-Capucins, over which M. Cullerier presided, mercury was the *piece de resistance* in syphilis, and Mr. Cross, in his "sketches," is warm in his praise of this excellent institution. In the proof that the practice of giving corrosive sublimate in syphilis is advantageous, Mr. Cross remarks: "Of all the cases I saw, there were not half a dozen cases of eruptions, no bad cases of disease of the bones of the face, no loss

of palate." And this in Paris, and about the close of the Napoleonic wars!

But when we turn to the medical contemporaries of Dupuytren, Boyer, Cooper, and their colleagues, we cannot but wonder what the medical world has been about during all the years since the time of Hippocrates. All other sciences had made wonderful strides during the years following the Reformation, but medicine had somehow failed to keep pace. "The doctrines of John Brown, mixed up with the humeral pathology, form the basis of the present system adopted in the Parisian schools," wrote F. J. Didier. "In their lectures and books they are always talking about Hippocrates, Galens, Celsus, etc., as if not a particle had been added to the stock of human knowledge since their time." It is doubtful if there had, so far as the domain of medicine was concerned. "By the fear which prevails among them of powerful remedies, and by a deep shade of Galenical practice, there exists among French physicians a peculiar, and so often ridiculed reliance on ptysans, nostrums, glysters, etc." A wag of the time, remarked that the English physician killed his patient while the French one let his die. And a writer in the *Edinburg Review* said, with more force than truth: "The French are indeed in the most deplorable state in which men who wish for knowledge can be; for they have theories without philosophy, and the place where they are most deficient is at the bedside of the patient." What an Englishman most despises in this world is indecision.

Listen to this paragraph, gravely penned years and years after Currie had invented the clinical thermometer: "Dr. Broussais has thrown some light on the subject of phlegmasias, hemorrhages, etc. And M. Lænnec has invented an instrument which he calls stethoscope, which is destined to ascertain the state of the lungs. His work 'De l'Auscultation Mediate' is highly interesting, and claims a distinguished place on the shelf of every medical library. I will say of the experiments on live animals by Magendie and Legallois, that they prove scarcely anything but the cruelty of their authors,

and show pretty clearly that they would be tolerably good ex-ecutors.

“ When I first visited the wards of the hospitals I was surprised at a certain manœuvre of the physicians, *i. e.*, thumping the breast of the patient. This *procede* is dignified by the name of *percussion*, and is employed to ascertain certain diseases of the chest by the sound. A physician of Vienna ‘discovered’ this new diagnostic secret, with which he favored the world in a pompous work, called ‘*Inventum Novum ex Percussione.*’ In M. Lænnec’s work there is a great deal on this subject.” Not even the name of the immortal discover of percussion thought worthy of mention by a Parisian letter writer!

But if our brethren were deficient in precise medical knowledge, they were slow to admit it, judging from the acrimonious nature of the disputes which raged among them. A sort of pompous diction was characteristic of the literature of the age, which was interspersed with stinging personalities and the most biting sarcasm. Their medical essays were frequently prefaced and ended with classical quotations, and a thread of the same often ran through the whole. A pedantic desire to appear learned was prominent in their writings, and the medical controversialist was never so happy as when he had demolished an opponent with a swinging “right hander” from some Latin or Greek author. Even the reviewer seldom failed to apply the critical scalpel at some point in his paper, no matter how famous the author he was reviewing.

Sir Astley Cooper’s work, called “*Medical Essays*,” appeared in 1817. A long review of the work appeared in the *Medical Recorder*, in which the writer indulged in almost fulsome flattery, but he closed with the words: “His redundant and ill-constructed sentences, though they are very faulty, *will all be excused* while they convey such sound practical information and indicate such an active and independent judgment.”

It is profoundly interesting to follow these old essayists, and compare their conclusions with what is known now, after nearly a century of study. Their displays of temper add a zest to



the acuteness of their observations, and the reader is apt to be surprised at the familiarity which these authors show with the great writers who preceded them. As a sample of what they themselves would probably have termed their "ratiocination," the following from Huxham might be studied with profit by the modern therapist: "The depraved constitutions of the atmosphere are the cause of almost all epidemic distempers! Nay, even the increase and duration of such as are properly styled contagious greatly depend on such constitutions. For do we not see in one year, for instance, in this town or that city, one or two only seized with the smallpox or measles, whereas in another year from one person at first seized the contagion spreads to immense numbers, so that the very air seems to ferment or suppress the contagion, like as a spark of fire thrown on proper materials bursts into a vast conflagration, whereas falling into the water or the like it is presently extinguished." We can easily excuse the faulty sentences when they convey such words of wisdom. But if the Frenchman of that period was timid in the use of powerful remedies, the same charge could scarcely be sustained against his American brother, or some of them at least, as the following communication from Charles Caldwell, professor of institutes of medicine in the University of Pennsylvania, will show. Mr. J. P. had been "subject to tænia" for three years. Spirits of turpentine, rust of iron and various preparations of mercury had been given with little advantage. Tin filings in large doses, followed by active saline purgatives, brought away at different times about thirty feet of the worm. At length the following prescription was given by a physician, "who, if he had not acquired celebrity for his skill, had at least become noted for the intrepidity of his practice:"

℞. Hydrargyri, }  
       Stanni,       } āā ℥xij f. amalgam.

This was divided into twenty doses, one of which was to be taken at intervals of one hour. The patient heroically began to swallow the amalgam until he had taken fifteen ounces. On the following day he took a saline purge which brought away

a portion of the worm measuring forty feet, but now the amalgam refused to be expelled, and remained as a metallic bullet easily felt when the patient leaned forward. The history ends thus: "The general health of Mr. P. has not received any obvious shock from this extraneous body lodged in his bowels, although it has lain there nearly eight months." That worm was certainly "fired out" in the literal meaning of the term.

As an example of the reviewer's art as practiced in the long ago, the following may conclude this paper: Dr. Gibson was professor of surgery in the University of Pennsylvania. Having something to say on the subject of bronchocele he proceeded to say it, calling his brochure "Remarks on Bronchocele or Goitre." This is the way his critic proceeded to handle him: "We have, after very considerable exhaustion, got through the remarks on Bronchocele, or Gongrona, or Hernia gutturis, or trinidadum Guttur, or Derbyshire neck, or monstrous craw of Aubi, or Bâ or Ke-ba, or disease of the thyroid gland, for which the *very profound* and *learned* professor of surgery in the University of Pennsylvania has with the most unwearied industry pointed out the above, and we don't know how many more monstrous appellations. We must honestly confess that when we read the introduction to the remarks on bronchocele we were at a loss to understand why the author had taken so much trouble to furnish so many names for this disease. But now that we have come to write a review of his observations, we have become satisfied that he has judged more wisely what was for our interest than we did ourselves. Our readers will remark that although we have condensed into small space nearly all the information which will be found in the professor's essay, that still our author has furnished us so bountifully with titles for the disease which he describes that we have never had occasion to injure the *beauty* and *softness* of our sentences by repeating the same term twice.

"Although it be evident that the principal object of Dr. Gibson's paper is to astonish, not instruct his readers, still there is a claim to a discovery most cunningly introduced. A young lady 'who had labored for two or three years under

goitre,' consulted the doctor. He attended her for several months, and 'employed every remedy likely to prove of service, but in vain.' The professor finding everything useless, and growing tired of her importunities, gave his fair patient a box of cicuta pills, 'which had been prepared for another purpose.' These pills had the effect of removing the Bâ from the young lady's neck in three weeks. We allow that the discovery is very modestly claimed. The author concludes: 'It is possible that cicuta may have been employed before in the treatment of this disease, but I have not been able to meet with any mention of it.' We can tell the author that it is not only possible, but that it is most certain that cicuta has been used before he gave it to the importunate young lady. *It is, in fact one of the commonest medicines used in the cure of bronchocèle,* and had our author not examined the works he has quoted, merely for the purpose of appearing learned, he would have found that it was very generally recommended. His favorite author, Mr. Samuel Cooper, recommends it.

"Although we have laughed at the absurd affectation of learning which Dr. Gibson has shown in his essay, we consider it our duty to tell him seriously, in conclusion, that his conduct is deserving of a severer criticism." Shades of Pope and Byron, after calling a man a knave, a trickster, a pedant and a fool, add insult to injury by intimating that he ought to be kicked also. It is just possible that there was some unfriendly feeling between the author of this philippic and Dr. Gibson, but as to the latter's reply, if there ever was one, is lost in oblivion, we shall never hear his side of the case."—*[University Medical Magazine.*

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PEANUT flour has been introduced in Germany as a food, containing nearly 50 per cent. of albumen. Nordlinger pronounces it the most nutritious and cheapest food in existence. —*[Lancet-Clinic.*

## **Transillumination of the Mastoid Cells as a Means of Diagnosis of Mastoiditis Interna Suppurativi.**

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BY GEORGE W. CALDWELL, M. D.

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When we consider the serious nature of confined pus in the mastoid cells, the frequency of death from meningitis, thrombophlebitis, or metastatic abscesses resulting from recognized or unrecognized cases, the gravity of the operation for its relief, and the occasional operations which are done on a mistaken diagnosis in which no purulent collection is found, it is apparent that any means by which we may diagnosticate this disease with greater accuracy will be worthy of our careful attention.

Such a means will be found in the miniature electric lamp, and the conclusions to be deduced therefrom will be based upon the fact of the diaphonous nature of healthy mastoid cells and the opacity of pus; and the auxiliary proposition that however mastoids may differ in size, shape and thickness, and therefore in transilluminability, they are practically at least the same on the two sides of a given head, thereby affording an easy and accurate basis for comparison.

The apparatus required is a battery which will develop about ten volts—roughly speaking, a five-cell battery—regulated to light well, but not burn out, a two or three candle-power electric lamp of very small caliber (supplied by Meyrowitz, East Twenty-third street, New York), this being protected by thin rubber tubing fenestrated at one side and made to fit snugly at the meatus by a washer of larger tubing.

In a perfectly dark room the lamp is inserted well into the external auditory meatus, the fenestra directed backward, and the current made. Instantly the healthy mastoid is illuminated with a ruddy glow extending from the apex to the lateral sinus and to the limits of the cells above. The reverse manner may be more satisfactory in a given case, as when the canal is small, obstructed or painful, and may be used with a larger lamp. A



speculum of large size being placed as for examination of the membrana tympani, the electric lamp, incased in a rubber tubing projecting slightly beyond the lamp, is pressed against the mastoid and the current made, when the external auditory and middle ear will be filled with a rosy light from the posterior wall.

By placing the lamp on different portions of the mastoid the limitations of the cells and the position of the lateral sinus may be accurately mapped out, and the particular region in which a pathological process exists demonstrated. If the cells are occupied by a purulent collection the glow will be absent and the cells will be dark. Comparison with the opposite healthy side renders the diagnosis of pus in the mastoid cells complete, whether or not the usual symptoms are present, for suppurative mastoiditis may exist without external indications, which, indeed, is the most dangerous form, as the process tends to extend inward, not outward.

D. Milton Green (*Journal of the American Medical Association*, November 12, 1892), mentions five cases in which none of the external signs were present, no tenderness, pain or swelling, yet pus was found either on the operating table or at the autopsy. Knapp has reported a fatal case (*Arch. of Otolaryngology*, July, 1892, page 239), in which no discharge from the ear ever occurred. In a series of eighty cases reported by J. Orne Green, of Boston (*Journal of the American Medical Sciences*, 1890, page 575), thirteen per cent. showed no external signs, yet confined pus was found. (See also report of forty-seven cases operated upon in Mount Sinai Hospital, New York, by Dr. Gruening, *New York Medical Journal*, January 2, 1892.)

Frank, developed cases, are easily recognized, but the classical indications of Schwartz or Körner, quoted with more or less modification in every text-book of otology, are of uncertain assistance in deciding a doubtful case. The method which I have herein submitted is scientifically accurate, easy of application, painless, strikingly pictorial, instantly decisive, and demonstrable to the patient's friends.—[*New York Medical Journal*.

## Diphtheria Without Membrane.

There has long been reason to believe that diphtheria may exist in the absence of membrane formation. Thus, it is not uncommon in times of epidemic to encounter, in families of which one member has had diphtheria, cases of simple angina, of which the true nature is made evident by the transference to others of virulent diphtheric infection. At times, too, nephritis and the palsy characteristic of diphtheria have been observed in the sequence of an attack of apparently simple catarrhal angina. It has, also, occasionally happened that of two persons who have cleared by suction a tracheotomy-canula used in a case of croup, one has developed typical diphtheria, while the other suffered from an ordinary febrile angina. Of course it is possible that in all of these various instances membrane has been present, but has disappeared, or is present but situated out of the range of observation. The confirmation of the natural inferences from the circumstantial evidence remained incomplete and inconclusive until the discovery of the bacillus of diphtheria by Loeffler, and the demonstration of its etiologic relation.

It has been shown beyond peradventure of doubt that many cases of croup are of diphtheric origin; while in the angina of scarlatina, and in most cases of simple and lacunar and follicular angina, as well as in many cases that cannot clinically be distinguished from cases of diphtheria of the pharynx and air passages and from genuine croup, diphtheria-bacilli cannot be found. The bacillus of diphtheria has but rarely been found in the oral cavity of perfectly healthy individuals, and of persons suffering with catarrhal angina.

Feer (*Corresp.-blatt für Schweizer Aerzte*, Jahrg, XXIII, No. 8, p. 295) has recorded the results of an interesting study that have an important bearing in this connection. His study includes forty cases of bacillary diphtheria, five cases of membranous angina dependent upon the presence of micrococci, and numerous cases of simple and follicular angina. He re-

ports in detail a house epidemic, in which, in the course of two months, there occurred in the Children's Hospital at Basle, at a time when diphtheria was not especially prevalent in the city, eight cases in which membrane formed in the larynx or pharynx, or in both. In six of these diphtheria-bacilli were found; in the remaining two only micrococci. Of the former, four died; all of the others recovered. In the further course of events, virulent diphtheria-bacilli, in the total absence of deposit, were found upon the tonsils of three children that occupied a room that had previously been occupied by three other children suffering from genuine diphtheria. Two of the children displayed manifestations of febrile catarrhal angina, with enlargement of the cervical glands. One presented neither local nor constitutional manifestations.

These observations indicate that we have yet considerable to learn concerning the clinical recognition of diphtheria, while their practical outcome leads to the treatment of mild and doubtful cases in times of epidemic on the same lines as that of the most virulent.—[*Medical News*.

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### **Creolin in the Treatment of Diseased Mucous and Serous Surfaces.**

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Dr. G. A. Fackler, in the *Ohio Medical Journal* for April, proposes that a freer use of creolin be made in diseases of the urinary bladder and other parts of the body that are out of sight. The employment of this remedy in dysentery and colitis was early brought into notice, also its use as a disinfecting wash for the rectum, the vagina, and the buccal cavity. Dr. Fackler goes somewhat further and uses creolin solutions for washing out abscess cavities, irrigating the lower bowel, the pleural cavity, and the genito-urinary tract. He maintains that weak and non-toxic solutions of creolin may be employed in those passages and cavities without that danger from absorption that attends the use of potent solutions of corrosive sublimate and carbolic acid.

The urinary bladder, according to the writer's experience, has been especially intolerant of the agents just referred to, and boric acid has been widely used as the least dangerous of the cleansing agents suitable to affections of the cystic lining membrane.

During the past year Dr. Fackler has used a one-half to one per cent. solution of creolin in cases in which irrigation of the bladder was required. His results have been far more satisfactory than had been obtained in the use of boric acid. He has been especially well satisfied with the results in a case of gonorrhœal cystitis, for he is able to record that the use of three creolin injections put an end to the urethral and vesical symptoms at the same time. He quotes the reports of Zielewicz as his authority for teaching that a creolin injection is superior to many others (of antiseptics) for the relief of cystitis caused by hypertrophied prostate.

In regard to the treatment of the pleural cavity in cases of empyema, Dr. Fackler suggests that a cleansing creolin injection offers to the surgeon a good means of antiseptic treatment after opening the cavity. Surgeons, as a rule, he says, have been hampered in carrying out the disinfection steps of these operations by the dread of retention of such agents as carbolic acid and mercury bichloride. By the use of a weak solution of creolin, he believes a very safe and effective disinfection may be had, and the patient's prospect of recovery be greatly improved.—[*Exchange*.

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### **Phenocoll Hydrochloride as a Local Application.**

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A paper by Dr. Carl Beck, in the *New York Medical Journal*, April 22, presents an argument in favor of the antiseptic external use of the drug named in the caption. He finds in this drug a good substitute for iodoform, probably as powerful as the latter, and rather more so than aristol, dermatol, iodol, pyoktannin and some others that have been coming to us from



Germany during the past year. Apart from the question of strength, the author prefers phenocoll to iodoform for the following reasons: The former is devoid of odor; it is readily soluble in hot water; it does not irritate the sound skin; it is not contra-indicated in cases of kidney disease; it can be safely applied over extensive surfaces as of burns or ulcers; it is potent in comparatively low percentages of strength. When Dr. Beck began the external use of this substance, he dusted the undiluted powder over the wounded surface and then applied a layer of sterilized moss or gauze. Although this treatment was followed by no irritation of the integument and by no symptoms of toxic impression, he found that he obtained equally good results, in many cases from a ten per cent. gauze; so that latterly he has limited himself to the use of the penocollated gauze. This can be used on recent wounds and on granulating surfaces; the layer of gauze should be thin, and as a rule, be protected by a piece of sterilized moss. The dressings may be renewed once in three days for there is not an excessive discharge from surfaces thus managed. The process of healing does not vary much from that observed under iodoform. The urine was frequently examined in the case of each one of this series of cases, numbering over one hundred, with negative results as to the discovery of any renal disturbance referable to the drug. In fact, albuminous urine has not very frequently been caused by its internal administration as an antipyretic or anti-rheumatic, which has heretofore been the best known uses of phenocoll hydrochloride.

The report of Dr. Beck covers the experience of three months at St. Mark's Hospital and the German Poliklinik of New York, and is the first installment of researches that are still being carried out with regard to the antiseptic powers of the drug named, as well as others of the synthetic series. —[*Journal of American Medical Association.*

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SIR ANDREW CLACK has been re-elected President of the Royal College of Physicians of London for his sixth term.

## Therapeutics of Sulfonal.

Sulfonal since its advent into therapeutics has been found to fulfill all the qualifications of a safe, reliable, and efficient hypnotic and anti-spasmodic. To use a trite expression, it fills a long-felt want in this land of brain-workers, where insomnia is one of the most common conditions which the physician is called upon to treat. Unlike other hypnotics, sulfonal when administered in moderate doses, has no injurious effects on the circulation, respiration, digestion, temperature and general health, as pointed out by Dr. Joseph Collins (*Jour. of Nerv. and Ment. Dis.*, July, 1892), and even excessive doses have given rise to only temporary disturbances. Drs. Roland G. Curtin, and Richard W. Watson (*Am. Lancet*, March 12, 1892), consider sulfonal as the most safe and satisfactory drug for combatting insomnia, as it is well borne even by comparatively weak hearts. Dr. Emory Lanphear (*Kansas City Medical Index*) finds it a safe hypnotic of remarkable value, especially in cases of insanity, and the most valuable remedy yet discovered to control insomnia in the morphine habit. Its advantages over other hypnotics are that it does not constipate as do the opium preparations; the sleep produced by it seems more closely resembles natural sleep than does that of any other drug. Having neither taste nor odor, it is easily given in cases where patients object to taking medicines. Dr. Barclay has found (*Brit. Med. Jour.*) sulfonal the most successful of the hypnotic group, being especially beneficial in cases of delirium tremens and asthma. Dr. S. E. Darling (*Medical World*) finds it valuable in children in quieting the irritability of teething, preventing convulsions and producing peaceful sleep. Dr. Graeme M. Hammond (*Denver Med. Times*) recommends sulfonal in 25-grain doses at bed time in cases of insomnia in the opium habit. Dr. E. P. Hurd reports a case in which its use gave very favorable results. Dr. Alexander J. C. Skene regards sulfonal as preferable to bromides, chloral and other combinations as a hypnotic after laparotomies, and his ex-

perience is confirmed by others. In that exceedingly intractable disorder, sea-sickness, it has proven an excellent preventive.—[*Medical Standard*.

### **Removal of a Five-Pound Lithopedion.**

Gattschalk demonstrated before the Gesellschaft für Geburtshilfe und Gynäkologie zu Berlin (*Centralblatt für Gynäkologie*, No. 17, 1893) a lithopedion, or lithokelyphopedion, weighing five pounds, which he had removed by coeliotomy. The patient from whom the tumor was removed was fifty-four years old, and four years advanced in the menopause. She had carried the tumor for thirty years.

Thirty years before, a diagnosis of extra-uterine pregnancy had been made by her attending physician. At the normal end of the pregnancy severe pains occurred, lasting several days, and ceased with the movements of the child. This was followed by a severe attack of peritonitis, which confined the patient to her bed for eighteen weeks. She then slowly regained her health and was regular in her menses until her fiftieth year.

Coeliotomy was indicated by the severe appearances of incarceration, especially with reference to the bladder, afforded by the head firmly impacted in the vesico-uterine excavation. The uterus was pressed backward and upward in the concavity of the sacrum by a tumor of stony hardness.

Examination of the specimen proved the tumor to be a pure ovarian pregnancy. The sac, formed by the ovarian coverings was from one to several millimetres thick. In the external layers of the sac various corpora lutea and several follicles could be recognized. Under the outside layer was a thicker stratum of chalky substance enveloping the well-preserved fetus. On the inner surface of this layer the placenta was attached. The vessels were yet dilated to the thickness of a little finger.

The tumor, which reached to the umbilicus, was related topographically to the uterus as an ovarian tumor. Its normal left tube was stretched, but not otherwise changed. The seat of the tumor was upon the posterior surface of the lateral ligament.

The patient made a good recovery.—[*Universal Medical Magazine*.]

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### Foreign Substance in the Ear for Thirty Years.

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C. C. MOORE, M. D., OF PHILADELPHIA, PENN.

In March, 1892, F. L., æt. 73 years, came to my office for a troublesome winter cough so severe he could not rest at night. He had not laid down for some months, but slept in the upright position. This cough had been increasing for several winters and was apparently a case of chronic winter bronchitis of old age. He had not consulted any other physician, though the coughing had been severe for some time. Objectively he was a large, strong man; respiratory sounds negative, pharynx red, congested from constant coughing, but I could detect no cause for it. Nares clear and mucous healthy. I clearly had a case of reflex cough. I looked into the left ear and it was normal in every way. He protested his hearing was perfect. I put the ear speculum aside, then thought I would complete the examination and look in the right ear, where a large piece of cerumen that filled the canal was discovered. I removed it with the syringe and warm water. This revived his memory and he told me that thirty years ago, while driving along a woods, some insect flew in his ear. It annoyed him for about an hour, then suddenly quit; he gave this no more attention, but always thought his hearing was somewhat impaired on that side. Removing this substance cured his cough completely, for more than a year has lapsed since. In the center of the cerumen was a grain of sand the size of a bird shot. This had formed the nucleus for cerumen. It had probably been thrown



from the carriage wheel, and caused the sensation like the buzzing of an insect.

I consider the case exceptional, and it proves how misleading a symptom may be and that we cannot always treat the symptoms. A cough, like a headache or neuralgia or pain, may be caused by disease remote from the locality of the annoying symptoms.—[*Medical and Surgical Reporter*.

### No "Sun-Down" Medical Students in New York.

The *Sun* has made a fitting answer to the following query:

"Will you please inform me if there is a medical school in New York in which the lectures for the first year are given in the evening or any time after 3 p. m.?" DUFFY."

The *Sun's* reply is as follows: "Duffy, you and dozens of other 'would-be doctors' think you can study medicine in the happy-go-lucky way the law-pills study law—lectures in the afternoon, office work in the morning. You must give up that idea at once. Medicine requires twenty-five hours out of twenty-four, and more on Sundays and holidays. The lectures in every medical school are given when the professors and lecturers can find time for them. They're given in the morning, and in the afternoon, and the evening; and some of the private 'quizzes' begin at 10:30 or 11 p. m., and stop in time to get ready for breakfast if you dress quickly. Now, Duffy, if you ask because you think medicine is a snap like these afternoon law schools, you'd better keep out of it; but if you can stand the pace, and ask simply because you're ignorant, why, go ahead, and with good health and hard work you may get your license to 'kill, kill, kill, kill, kill.'"—[*N. Y. Medical Journal*.

THE *Medical Record* says that during 1889-90 the twenty German universities gave 1115 diplomas, and rejected 1030 applicants—nearly 50 per cent.

### Death of Lady Lister.

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It is not often that we feel justified in noticing in our columns the domestic grief of even the most eminent members of our profession. But the death of Lady Lister from acute pneumonia, while traveling with Sir Joseph in Italy, is an event so unexpected and so sad that we feel constrained to make it an exception. Lady Lister was not only the devoted wife of a most distinguished surgeon, but was also the daughter of one of the greatest leaders in modern surgery—the late Mr. Syme, of Edinburgh. In public gatherings Sir Joseph and Lady Lister were seldom far parted, and they were equally together in their times of rest and in remote places. How far Lady Lister assisted her husband in his great labors is not for us to inquire, but those who enjoyed the benefit of his correspondence will guess that she was indeed his true “helpmeet.” We cannot under such circumstances withhold from Sir Joseph Lister the expression of our sincere sympathy, which we are sure will be echoed by the whole profession, not only of Great Britain, but throughout the world.—[*Lancet*.]

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### The Artificial Tinting and Flavoring of Fruit.

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It appears from an article in the *Journal d'Hygiene* for February 16, summarized in the *Union Medicale* for April 6, that various fruits are colored on the surface or in their substance to suit the fancy purchasers in France. For example, strawberries that are unripe are given a fine red color by means of a fuchsine preparation; ordinary oranges of poor quality are made to pass for blood-oranges by injecting roccelline into their pulp; and melons are rendered of a fine orange color by injecting a solution of tropæoline, and at the same time aromatized with an artificial melon essence. At a certain dinner party the pears had the outward look proper to pears, but, on being cut open, displayed on the section the national colors of

France. Many of the substances made use of in these pranks may be harmless, but it seems to us that the practices in question are apt, if unchecked, to lead to dangerous ventures.—  
[*New York Medical Journal*.]

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### Prenatal Baptism According to Gregory.

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The *Province Medicale* for April 1 quotes from a letter said to have been written by Diderot to Mlle. Volland in 1760, recounting that a certain English physician named Gregory, being convinced that in the next world it would go hard with any child that had died without having undergone sprinkling of its head with cold water, accompanied by a certain verbal formula, always baptized the child *in utero* in cases of difficult labor. Having first pronounced the formula, "Child, I baptize thee," he filled his mouth with water, then applied it suitably (*appliquait convenablement*), and squirted the water as far as he could. As he wiped his lips with a napkin he was wont to remark, "It takes but the hundred-thousandth part of a drop to make an angel." We are not told the Gregorian method of dealing with a difficult case of breech presentation.—[*New York Medical Journal*.]

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### Nitrate of Strychnine in Alcoholism.

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McConnell (*New York Medical Journal*, June 3, 1893), has used hypodermic injections of one-twentieth of a grain of the above drug in twenty-five cases of alcoholism. He concludes: Simultaneously with the use of the remedy the craving for alcohol in inebriates diminishes, and in a few days is completely gone. There is a gradual restoration to physical and mental health, but as most of the cases treated relapsed in from one to eleven months, the inhibiting power of the remedy

is not permanent. While we have in strychnine a true antagonist to the action of alcohol, and one that will counteract its effects, the inebriate still requires aid which can scarcely be expected of drugs.

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### Ichthyol in the Treatment of Gonorrhœa.

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Dr. Manganetti (*Annales de la Loeiete medico-chirurgicale de Liege*, February, 1893, *Annales des maladies des organes genito-urinaires*, April, 1893), has used injections of solutions of ichthyol of varying degrees of strength, ranging from 1 per cent. to 4 per cent., from three to five times a day. When the strength of the solution is not greater than 2 per cent. there is no pain from the injections, and he has never known them to produce any complication. In many patients excellent results have followed, whether the disease was acute or lingering. The only inconveniences noted were the odor of the drug and the fact that it stained the linen.—[*N. Y. Medical Journal*.]

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### The Late Sir Andrew Clark's Estate.

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According to the *British Medical Journal*, the net personal estate in the United Kingdom left by the late Sir Andrew Clark, M. D., amounts to £203,969. Among his bequests was one for £500 to the London Hospital Medical College for the foundation of a scholarship.

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### Bacteria in the Soil at Different Depths.

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Some investigations carried out by Dr. Alexander A. Houston, of Edinburgh, respecting the number of bacteria in the soil at different depths from the surface, go to prove that the microorganisms become less and less abundant as the depth from the surface increases. For example, the average number of germs in a gram of soil examined, which was taken from the



surface, was 1,687,799; at a depth of three feet this average fell to 173,807; and at a depth of six feet it was only 410. These figures are interesting, and would tend to show that at certain definite distances from the surface the soil would be sterile.—[*Medical News*.

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### Pneumonectomy.

The apex of a lung to which a tuberculous process was limited was recently successfully removed in England. The anterior third of the second and third ribs was excised: the parietal pleura was opened; the diseased apex was freed of adhesions, pulled out and transfixed with a needle and strong silk; the ligatures were secured and apex removed. Pneumothorax developed, but occasioned little disturbance. The wound was quite healed at the end of the third week.—[*Medical News*.

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### Europhen.

Dr. Eichhoff has employed Europhen in a large number of cases since his report in 1891, with results even more satisfactory than those obtained at that time. In cases of chancre, ulcers of the leg, lupus ulcerans and syphilitic condylomata, the remedy caused rapid cicatrization. It was usually applied in the form of the powder in a thin layer.—[*Therap. Monatshefte*.

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THE LATE PROFESSOR PETER, OF PARIS, who died last month at the age of sixty nine years, was a striking example of the few men who achieve success and renown in the face of unusual difficulties. It appears from a memoir of him written by M. Jules Rochard, published in the *Union Medicale* for June 13, that his early career was that of a typesetter, that he was thirty-five years old when he obtained his medical degree, and that it was not until twenty years later that he became a professor.—[*Ex*.

# PHARMACY.

This Department is conducted by the Secretary of the Arkansas Board of Pharmacy, to whom all communications relating to it should be sent. Address,  
Mr. W. W. KERR, Russellville, Ark.

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## The Code of Ethics.

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The Arkansas Association, at its organization, adopted a Code of Ethics which for perspicuity, directness, brevity and reasonableness, is not excelled by any similar paper which has come under our notice. Its provisions are agreed to by every one who joins the Association, and yet it is doubtful if one in five of the members has ever read it carefully or trains his business in accordance with its requirements; and yet it exacts nothing but what every intelligent and conscientious pharmacist is pledged to yield by the very assumption of his profession. We propose in this and subsequent numbers of *THE JOURNAL* to reproduce it section by section, with some comments intended to impress our readers with its importance, in the hope of inducing them to make it more the guide of their conduct in their relations with the medical profession, their own, and the public.

Section I reads, "We believe an apothecary who is engaged in furthering the interests of any particular physician to the prejudice of other respectable members of the medical profession, or who allows any physician a percentage or commission on his prescriptions, or for his influence, is unjust to that honorable profession, and guilty of conduct highly injurious to the public;" and it should have been added disreputable to himself, considered either as a gentleman or a pharmacist. This is the first rule of action which we have all bound ourselves to observe. How far does the general practice redeem the obligation? We will not ask the innocent to stand up; we will spare ourselves and them the mortification of exposure. We do not believe there are many of our members who violate the rule in the matter of paying physicians a percentage on their

prescriptions directly—we certainly hope there are none—but we would have no trouble in convicting many of them of doing what is practically the same thing—furnishing free offices, the run of the store, and other favors as the price of their influence or their prescriptions. This is done in many cases when the druggist would scorn the offer, and the physician to accept a direct percentage; and yet pray tell us the difference. One of the first questions usually asked when the purchase of a drug is contemplated, or in comparing business notes, is, “How many doctors have you?” just as though “doctors” constituted a part of every well-appointed drug store. Having doctors in stock always costs money, just as do all the other commodities, and usually they are very expensive luxuries, and can only be indulged in by “furthering the interests of one particular physician to the prejudice of other respectable members of the medical profession.” READ OVER CAREFULLY SECTION I OF THE CODE OF ETHICS AGAIN.

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### N. W. D. A.

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The National Wholesale Druggists' Association met in its nineteenth annual session in Detroit, October 9th. The rebate plan, and the plan to prevent the cutting of prices in patents by retailers, occupied a large part of the time, but so far as we can see, but little was accomplished in this direction. Resolutions enough have been passed within the last few years on this subject to carpet all the drug stores in the country, and yet the festive cutter gets in his work as handsomely as ever and smiles as blandly.

By way of strengthening what has heretofore been done, it has been solemnly agreed that proprietors shall sell contract goods only to regular dealers at wholesale, and only at contract prices, and they in turn are to sell only to retailers who are not on the cut-off list, thus hoping to make it impossible for retailers to buy in such quantities as to get the jobbing

discount and so give them the advantage over smaller dealers who are not able to invest so largely. The following is one of the stipulations of the agreement between the jobber and the proprietor: "Furthermore, whenever the retail trade of any city, town or county have organized a league or association, embracing eighty per cent. of such dealers located in such city, town or county, and have established a schedule at which proprietary articles shall be sold by its members, and such facts shall be reported to you, either by such organization or by the undersigned, then you shall not supply our goods to any dealer in such city, town or county, who sells proprietary articles in violation of such schedule so established, except at full retail prices."

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### **It Is Dangerous to Be Safe.**

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The druggists of Little Rock have always felt that they were quite safe from the danger of price-cutting in patents, and it might be just here that their greatest weakness lies. Already we have heard hints that a firm is contemplating the establishment of a cutting shop in their midst, and if this should be a mistake, it remains a fact that some one else will do so at some time in the future, and the near future at that, so that if they would take a friend's advice, they would lose no time in the organization of a branch of the Retail Druggists League, so as to be prepared to choke off any such attempt. It will be much easier to prevent the entrance of such a fiend than to suppress him after he has entered. Once let such an enterprise get a start, and a dozen or more stores now there will pitch in, and there will be a dozen or more to suppress instead of one. Organize, gentlemen; organize.

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KAROSI and Neumann, after twenty-seven and thirty-two years of service respectively, in the University of Vienna, have been made ordinary professors of dermatology.



## Committee on Trade Interests.

LETTER FROM PRESIDENT HART.

PINE BLUFF, ARK., November 5, 1893.

*Mr. W. W. Kerr, Russellville, Ark.:*

DEAR SIR—You know I am with you through thick and thin on your goodness in keeping the "Pharmacy" part of THE MEDICAL JOURNAL, but I have a small size kick coming on your comments on "Committee Reports." You say (referring to the Committee on "Trade Interests"), "for the last two years that committee has been as dumb as an oyster, and so far as any information derived from that source is concerned, there has been no trade interests in Arkansas for that that length of time."

At our Fort Smith meeting your humble servant was the chairman of that committee, and without any assistance or suggestions whatever from any member of the committee, I undertook to make the report, and had it in the very best possible shape that I knew, and that is all any one could demand. Before framing the report, I conferred with Mr. Sapp, the former chairman, and from what I gathered, the plan of sending printed questions for druggists to answer about their business affairs was a failure, from the fact that only a small per cent. made any reply whatever, and those who did in many instances carelessly filled out the blanks by guess-work, and besides what does it matter whether "A" sold more goods this year than last, or whether "B" sold less. In the beginning of my report, I stated that I deemed it more important to deal with matters that *enhance* or hurt our trade interests, rather than a statistical report. In this report I spoke of the practical matters pertaining to the interests of trade, and also gave some general ideas about the conditions of those things in Arkansas. Of course if I missed it, I am excusable, inso-much as I did my best.

Remember, no harm is done. I am with you when you push the boys up, and I will help you if at any time it is needed, and I hope all committees will be in line in '94.

Your friend,

HART.

The above letter, which though not intended for publication perhaps, being the first fruits of a long continued effort upon the part of the editor to smoke somebody out on some subject connected with our Association, is given publicity, both as a

flag of triumph and a starter to a ventilation of the subject of what should constitute the report of the Committee on Trade Interests.

In the beginning, we beg to say that it affords us pleasure to make an apologetic bow to President Hart for misrepresenting the case as to former reports. Our statement quoted above was made from memory and certainly did him injustice, as we have since looked up the proceedings of the Fort Smith meeting, where we found a most admirable report from his pen on trade interests.

We must be pardoned, however, for persisting in the opinion that it adds very much to the value of such reports to have directly from the trade a synopsis of the actual condition of business in the several sections of the State. It is impossible for any one man to sit down at his desk and report on these conditions outside of his own sphere of operations. President Hart's position as a jobber, doing business over a considerable part of the State, gives him an advantage in this respect, which would not be enjoyed by most others who may be honored with the chairmanship of that committee; hence his report was more authoritative in this respect than may be expected ordinarily.

While it is true that sending out circulars does not usually elicit many responses, it is at the same time true that it does get them from each different section of the State, which is all that is needed. We happen to know that when Mr. Goodwin got up the first report on trade interests some years ago, circulars were sent to every town in the State, and while perhaps not more than ten per cent. of them were answered, information was gathered from all sections which enabled him to make an intelligent showing of the actual condition of the trade in Arkansas, and revealed many interesting facts to the association. What we want to know is exactly how A and B are getting along in business, so that if A is making a success of it and B a failure, we may be able to see why this is thus, and so avoid the mistakes of the one and profit by the success of the other.



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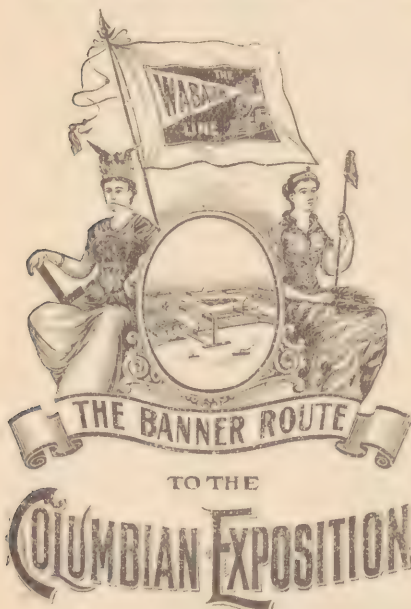
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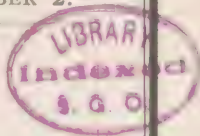
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# AN APOLOGY.

In the *New York Medical Journal*, January 28, 1893, appeared an article by William A. Hammond, entitled: "On Certain Organic Extracts, their Preparation, and Physiological and Therapeutical Effects."

While the record of this author is not one calculated to inspire respect for any opinions that might be advanced by him, yet we were led to accept fully his statements and deductions because of *quasi*-indorsement by the editor of the above named *Journal*.

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Soon after, we were surprised to receive a letter from Dr. Hammond claiming sole proprietorship of the word "Cerebrine," which, too, had been duly trademarked, and announcing that "The Columbia Chemical Co. are alone authorized by me to handle the extracts made by my processes, and that all are made in my own laboratory, under my own supervision."

Other papers laudatory of "Animal Extracts," and presenting the same general claims, appeared in many other medical journals, besides numerous lay publications—thereby demonstrating the fact that the first named article was written and published (as evidenced by Dr. Hammond's own statements) for the sole benefit of the Columbia Chemical Co., of which he (Dr. Hammond) is President and a large shareholder.

Subsequently Dr. Hammond widely disseminated through the mails and by publication in the *New England Medical Monthly* (Dr. Wile) a circular over his own signature, not only attacking us unjustly, but in a manner most scurrilous and unbecoming to an officer, a professional man, or a gentleman. He also threatened us, through his attorneys in New York, with dire penalties if we did not cease the sale of the articles.

The development of the fact that the paper in the *New York Medical Journal* was written and published for *mercenary* purposes led us to doubt the statements of the author of the article, and incidentally we were induced to have the value of "Cerebrine," as manufactured by Hammond, and "Cerebrin," as made by ourselves, therapeutically and physiologically tested. As a result, we are now convinced that both "Cerebrine" (Hammond) and "Cerebrin" (P. D. & Co.) will not respond to Dr. Hammond's claims.

We, therefore, announce that while we are prepared and willing to supply "Cerebrin," as manufactured by us after our formula, in response to all demands, that we have grave doubts as to the merits of the article, and, therefore, present our apology to the medical profession for the error into which we were unwittingly led by the *New York Medical Journal*.

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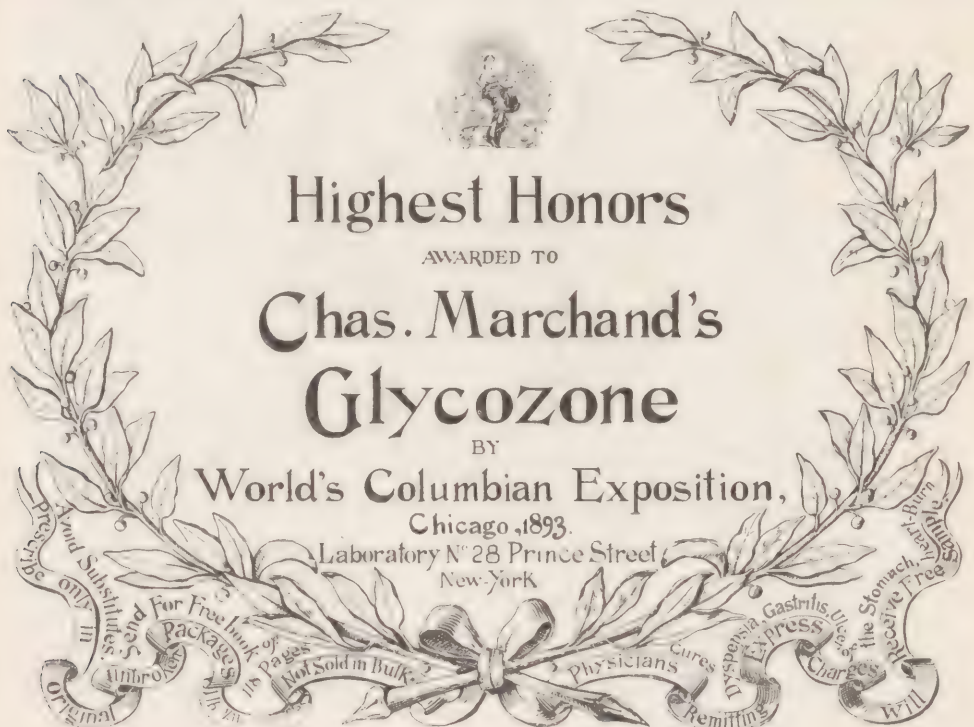
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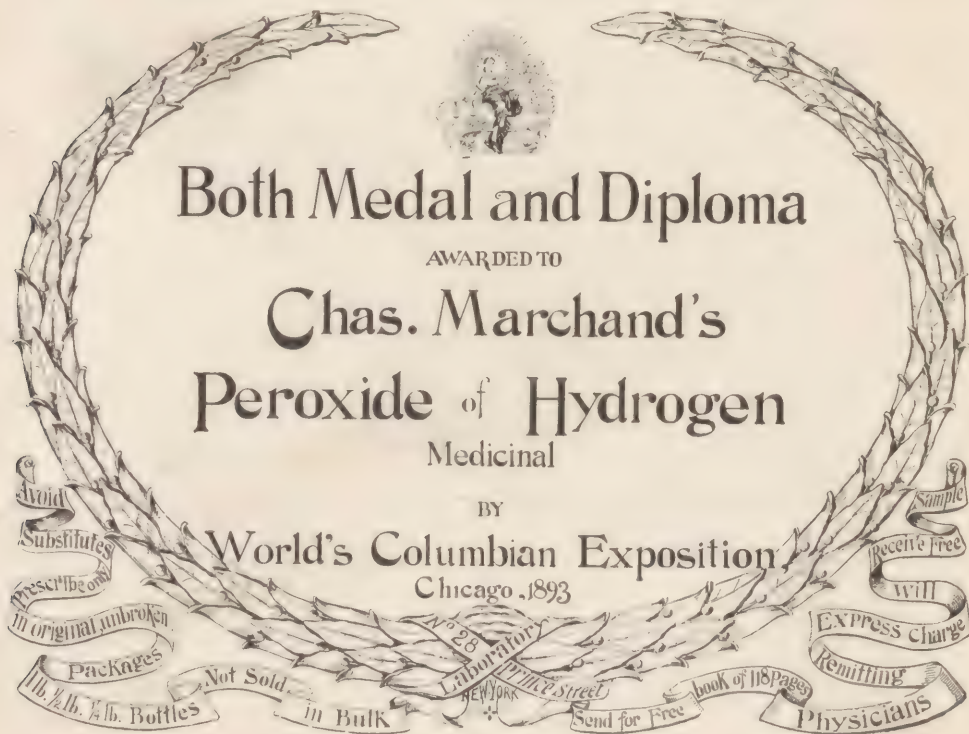
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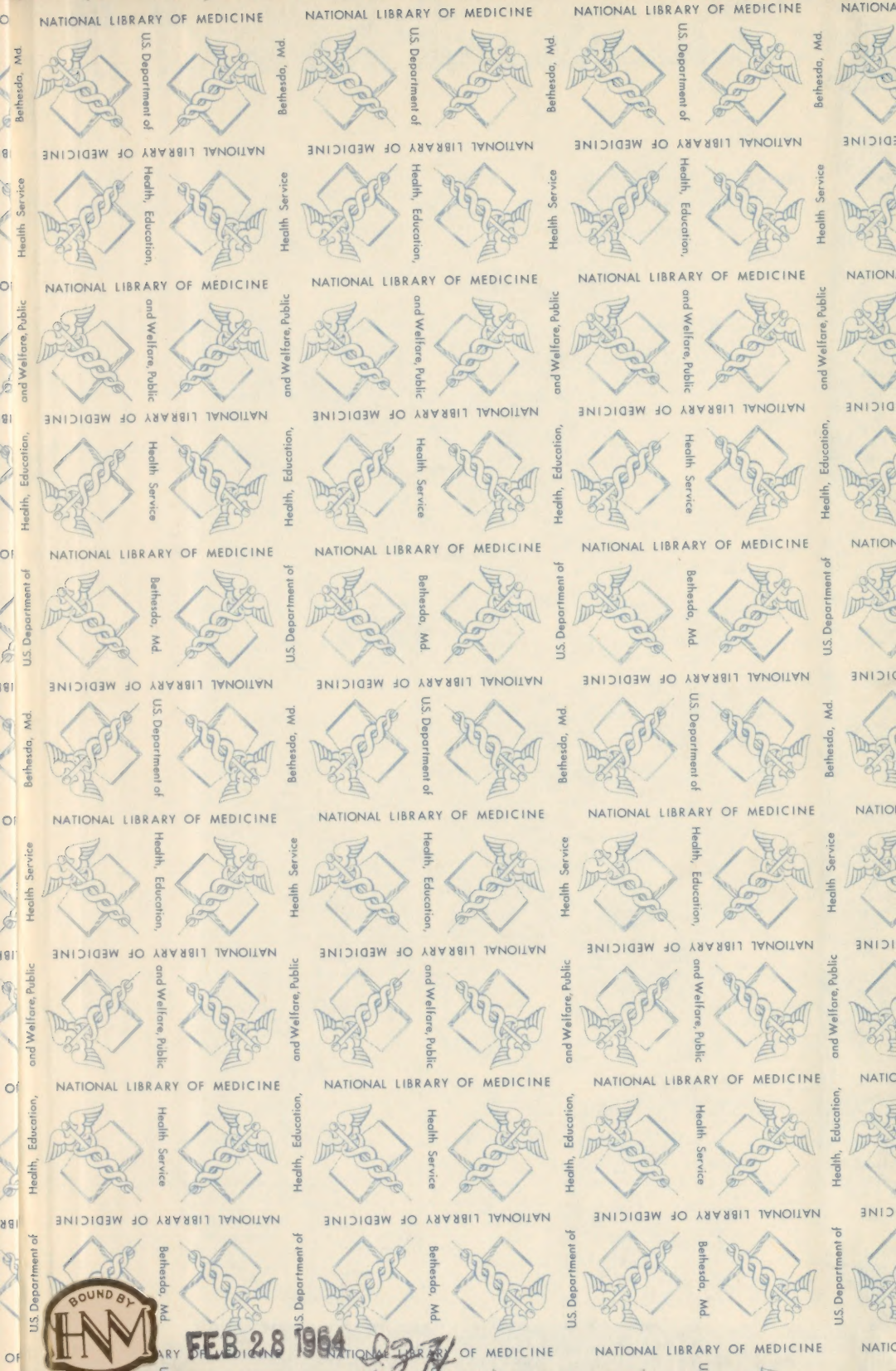












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